Report of the Substance Abuse Prevention and Treatment (SAPT) Task Force Missouri State Legislature

January 2025

January 27, 2025

Jonathan Patterson, Speaker
House of Representatives
State Capitol Building
Jefferson City, MO 65101

Cindy O'Laughlin, President Pro Tempore
Missouri Senate
State Capitol Building
Jefferson City, MO 65101

Dear Mister Speaker and Madam President Pro Tempore:

The Task Force on Substance Abuse Prevention and Treatment authorized in Section 21.790 of the Revised Statutes of Missouri, has met and held hearings and taken testimony. The attached Task Force report addresses the subjects set forth in Section 21.790.3, and includes recommendations for current and future legislation sessions with regard to funding and legislation. All current Task Force members are listed following, with signature indicting approval of the attached report. Thank you for your attention to these issues significant to the people of Missouri.

Chairman Representative John Black

Representative LaDonna Appelbaum

Representative Dave Griffith

Representative Melanie Stinnett

Representative Del Taylor

Representative Dale Wright

Rodney Hummer

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FORWARD

This is the second report of the Missouri statutorily authorized Substance Abuse Prevention and Treatment Task Force. The goal of this report is to continue to provide an overview of the efforts of the state of Missouri to address the tragedy of substance use, both from a financial and programmatic perspective, and to summarize our findings and recommendations. The basic format of the first report will be followed, with updated data.

In the five evidentiary hearings this summer and fall, the task force heard hours of expert testimony from seven state departments and multiple organizations that implement multiple programs to combat substance misuse. Details of programs were compiled and used to generate charts, tables, and the budget overview. Hearing testimony is summarized and formed the basis for recommended next steps. The appendix contains over 170 pages of programmatic and budgetary information provided by the state departments, as well as organizations receiving state funding.

As before, this report of the Substance Abuse Prevention and Treatment Task Force has relied heavily on the House of Representatives Research staff, and particularly Colin Zentmeyer, who provided excellent summaries of witness testimony, as well as analysis provided by the Missouri MOST Policy Initiative and would have been impossible without the significant cooperation of the state departments and participation of task force members.

Special thanks to task force member Del Taylor (District 84) who actively participated in all hearings, designed this report's templates, guided MOST Fellow efforts and contributed to the content and final editing of this document.

MOST Fellows Drs. Rieka Yu, Isabel Warner, Maryluz Hoyos, Chinenye Izuegbunam and Chris Wielga contributed hours organizing department data into a useful document.

The participating state departments have been offered the opportunity for review prior to issuing the final report, and most provided helpful corrections.

This report is provided for the benefit of the people of Missouri, with direct intended audience of the Office of the Governor, and the General Assembly, to support the best use of limited state resources in combatting this life destroying plague.

John Black, Task Force Chair, 102nd General Assembly, State of Missouri.

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TASK FORCE MEMBERS

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AUTHORIZING STATUTE

Title III LEGISLATIVE BRANCH

Chapter 21 Effective – 28 Aug 2019

21.790. Task force established, members — duties — report. — 1. There is hereby established the "Task Force on Substance Abuse Prevention and Treatment". The task force shall be composed of six members from the house of representatives, six members from the senate, and four members appointed by the governor. The senate members of the task force shall be appointed by the president pro tempore of the senate and the house members by the speaker of the house of representatives. There shall be at least two members from the minority party of the senate and at least two members from the minority party of the house of representatives. The members appointed by the governor shall include one member from the health care industry, one member who is a first responder or law enforcement officer, one member who is a member of the judiciary or a prosecuting attorney, and one member representing a substance abuse prevention advocacy group.

2. The task force shall select a chairperson and a vice-chairperson, one of whom shall be a member of the senate and one a member of the house of representatives. A majority of the members shall constitute a quorum. The task force shall meet at least once during each legislative session and at all other times as the chairperson may designate.

3. The task force shall:

(1) Conduct hearings on current and estimated future drug and substance use and abuse within the state;

(2) Explore solutions to substance abuse issues; and

(3) Draft or modify legislation as necessary to effectuate the goals of finding and funding education and treatment solutions to curb drug and substance use and abuse.

4. The task force may make reasonable requests for staff assistance from the research and appropriations staffs of the senate and house of representatives and the joint committee on legislative research. In the performance of its duties, the task force may request assistance or information from all branches of government and state departments, agencies, boards, commissions, and offices.

5. The task force shall report annually to the general assembly and the governor. The report shall include recommendations for legislation pertaining to substance abuse prevention and treatment.

(L. 2019 S.B. 514)

EXECUTIVE SUMMARY

$8.5 billion dollars. $3.5 billion dollars. The human costs of substance use disorders to individuals and families are incalculable, undefinable in monetary terms. There are estimated financial costs to the State of Missouri reported. The Department of Mental Health estimates the annual societal costs of substance use/misuse to Missouri range from $8.5 billion to $12 billion, for illicit substances, prescription drugs, alcohol, and tobacco. The American Cancer Society estimates the use of tobacco direct health care costs in Missouri at $3.5 billion, including over $690 million in annual Medicaid costs. The total of those costs, not including the $7 Billion lost in annual productivity due to smoking additionally estimated by the Cancer Society, therefore exceeds $12 billion. By comparison, the 2024 fiscal year individual income tax paid by Missourians totaled $9.8 billion. In other words, the cost to Missourians due to the use of addictive substances exceeds the total amount of individual income taxes paid to the state. By further comparison, of the $96,000,000 of tobacco settlement funds estimated to be received in FY 2025 by Missouri, $350,000 is budgeted to be added on to the Department of Social Services' tobacco addiction prevention and cessation, or .36% of the tobacco settlement funds spent on prevention. And compared to the $8,500,000,000 in costs due to substance use/misuse, approximately $125,000,000 is spent on prevention (that figure is inflated due to inclusion of treatment costs), or 1.4% of the societal costs to Missouri.

After a period of increase between 2013 and 2022, rates of drug overdose deaths involving synthetic opioids other than methadone, which includes fentanyl, fentanyl analogs, and tramadol, decreased between 2022 and 2023.The total number of all drug overdose deaths in 2021 was 106,699, and in 2023, 105,007 drug overdose deaths occurred, resulting in an age-adjusted rate of 31.3 deaths per 100,000 standard population.[i] By comparison, 58,220 American soldiers were killed in the Vietnam War.[ii] Overdose is the leading cause of death for adults 18-44 in MO, and of the 1,948 deaths from overdose in 2023, 73% were contributed to opioids. In 2022, death rate was 9.1% higher than US rate of overdose deaths. Data from 2019-2021 about maternal mortality indicates about 28% of pregnancy related deaths have substance use disorder as a contributing factor. In 2022, 6275 nonfatal emergency room visits from drug overdoses were non-opioid, which was 60% of all drug overdose emergency room visits. 37% of which were self-harm. Why is this important? The burden of overdose impacts families, communities, and health care systems. (2) As a result of factors hard to quantify but undoubtedly including additional programs and distribution of Naloxone (trade name Narcan) overdose deaths are decreasing (11% in 2023). Only sustained effort, including funding, will continue this positive trend. (2) (14)

Per the National Survey on Drug Use and Health (NSDUH) prevalence estimates, approximately 943,000 Missourians aged 12 and over struggled with a substance use disorder in the past year. This amounts to nearly one sixth of the Missouri population, and approximately 20% of the adult population. Of those estimated

to have a substance use disorder, 536,000 Missourians struggled with alcohol use disorder.

Deaths in Missouri from substance use include approximately 10,000 smoking-related; more than 1500 opioid-involved; over 700 methamphetamine-involved; and 910 alcohol-involved in 2022. (Table 1 and Figure 1 page 16).

The Task Force continues to attempt to analyze spending to address substance use, an effort not found elsewhere, and likely to be somewhat inaccurate as result of the difficulty of the accumulating budget information, but beneficial to address the relative costs of the problem and the response. Two different perspectives are offered, the first on a substance-by-substance analysis, and the second by program (prevention, versus treatment, including recovery). Per substance, Missouri spends the most on programs addressing all substances ($244 million in FY 25 funding) (Table 2, Figure 2, pages 18,17).
By a program analysis, the amount spent in Missouri in FY 2024 on substance use disorder is estimated at approximately $308 million, with the appropriation for FY 2025 to be approximately $431 million, (Table 4, page 24). This compares to the state budgets of $51.8 billion and $50.5 billion for FY24 and FY25, respectively, or the percentage of expenditure being 0.59% and 0.85%, respectively, of the total spent during each fiscal year. (All figures include both federal and state funds.) The question remains whether these percentages of the state budget spent on substance use is an adequate expenditure.

Per the Department of Health and Senior Services, programs addressing tobacco use, the leading cause of death, in FY 2025 are budgeted at $4.8 million, of the approximately $431 million dollar total. Cigarette smoking is the leading cause of preventable disease, disability, and death in the US. Department testimony:

- Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined;
- 11,000 Missourians die each year from smoking related illnesses;
- 1,150 Missouri adults die each year from exposure to secondhand smoke
- Missouri spends $3.5 billion annually to treat smoking-related diseases and $7.1 billion on lost productivity
- Missouri ranks 7 in the country for the number of adults who smoke
- Missouri has the lowest tobacco tax in the country, ranked 51st, at $0.17 per pack of cigarettes (national average is $1.83 per pack, next lowest is Georgia at $0.36 per pack).
- Missouri's Medicaid has the best access to cessation services in the country, with access to all 7 evidence-based medications.

In its follow-up testimony, the DHSS identified Smoke Free Air Laws in 28 states that do not allow smoking in public places, correlating to preventing tobacco use initiation and

use, reduced secondhand smoke exposure, and prevalence of tobacco use and up to a 70% reduction is hospital heart attack admissions. Tobacco free school district policies have similar results. (2)

One issue is how much is spent on prevention versus treatment. Table 4, on page 24, attempts to address that question by identifying that approximately 65% of the funding is spent on treatment.

Missouri continues to provide a comprehensive approach with the funding available. Table 5, on page 29, breaks down the spending between the state departments, with the Department of Mental Health (DMH) receiving approximately 70% of the funding. DMH is the state authority for coordinating a statewide response to substance use disorders. The Department of Health and Senior Services (DHSS) receives approximately 12% of the FY 2025 budget, a significant increase due in part to the recreational marijuana tax designated to that department, with a significant portion passed on to DMH. The Department of Social Services (DSS) funding identified is largely due to the MO Health (Medicaid) pharmacy program. The total identified is misleading as much of the DMH and DHSS funding is a pass-through from Medicaid. The Department of Corrections (DOC) is to receive about 6% of the substance use funding in FY 25.

Figure 3, on page 20, charts the number of programs per department, with DMH at 31 and DHSS at 21. The largest source of funding for substance use disorders is ultimately MO HealthNet (Medicaid) as a result of the percentage of participants that are Medicaid-eligible.

Encouraging are the new programs for FY 2025 itemized in Table 3, Pages 21-22, as Missouri continues to focus on needed and effective programs. The departments are encouraged to utilize and tabulate for themselves and the legislature the significant amount of data required to be reported to the federal government, which could be utilized in determining program effectiveness.

There are other encouraging signs. The first is the increase in budgeted funding in FY 2025. The task force recognizes FY 2026 may be a challenging year fiscally, and its first recommendation is that funding be at least maintained and that identified effective programs receive additional support. A few of the positive programs and initiatives are identified follow:

MO HealthNet continues to support an open access policy, progressive in its efforts to treat substance use. One example is its support of the Federally Qualified Health Center Network program, new in FY 2024, which emphasizes effective time to treatment and comprehensive services. In fiscal year 2024, Network patients have expanded from 1031 in quarter two, to 2494 in quarter four. (4)(9)

988. The call, chat, or text program to allow persons to get immediate direction to treatment continues to expand and is identified by the DMH as 'vital", receiving over 95,000 phone calls, 15,000 texts and 5800 chats in FY 2024. (1).

Behavioral Health Crisis Centers, another new program and referral to treatment programs, served over 41,000 people in fiscal year 2024. (1).

Engaging Patients in Care Coordination (EPPIC) provides a 24/7 referral and linkage to service for people who use drugs who present at a hospital for overdose or substance use crisis to establish immediate connections from the hospital to community level care, with 390 average referrals per month. (1) (11)

Certified Community Behavioral Health Clinics (CCBHC) and Comprehensive Substance and Treatment Rehabilitation (CSTAR) programs continue to increase prescribers and move to comprehensive, effective time to treatment programs, treating more than 218,000 people and 26,000 in the last reporting year, with 11,000 and 3600 persons in substance use disorder (SUD) treatment, respectively. (1)

Recovery Support Providers, including Recovery Support Services and Recovery Community Centers, are identified by DMH as a "big bang for the buck". Together, they provide recovery services, sober housing, employment assistance, education support, and transportation, with statistics including an 84% abstinence from alcohol and drugs, 97% in stable housing, 73% employed or in school and 98% with no arrests in 30 days; and providing accredited recovery housing, with 2300 beds expanded by 624 new beds in 2023. The program requests $6 million additional funding to provide more services and another $3 million to open new centers in underserved areas. (1)(13)

Department of Corrections, reports a drop in recidivism rates since 2008 from 44% to 30%, supported by its newly implemented Individualize treatment programmatic efforts, and including individualize treatment programs with emphasis on reentry services including Medically Assisted Treatment. (5)

Office of State Courts Administrator, with the Treatment Courts Coordinating Commission and treatment under what is commonly known as Drug Treatment Courts, supporting specified legislation for Mental Health courts, and additional funding focusing on Medication Assisted Treatment for opioid and alcohol addiction. (7)

Collaboration continues to be emphasized around the state. For example, in Southwest Missouri, coordination between the CCBHC Burrell and the Webster County Public Health agency, establishing a community partnership, saw a backlog 80 students waitlisted for behavioral health services, frequently associated with substance use, eliminated in one month. (17)

Challenges. The Department of Mental Health, Department of Corrections, the University of Missouri – St. Louis Addiction Science Team and the Department of Health and Senior Services agree the most urgent and difficult to solve problems are transportation and housing. This is one reason for the strong support by DMH of Recovery Support Providers, and their accredited recovery housing program. Other identified challenges include:

Medicaid, the most common source of payment, does not provide funding for prevention or recovery, only treatment. Prevention and recovery funding is thus limited to federal grants and general revenue, and more recently, opioid settlement and adult use (recreational) marijuana tax. (1)

DMH, in addition to transportation and housing, identifies jail services, a need for additional crisis centers, and a "crushing" workforce shortage as significant challenges, as well as the continuing need for community and youth liaisons, and certified peer specialists. (1) Improving timing of care is illustrated by DHSS testimony that of the 815 suspected overdose cases identified in August 2024, 498 occurred outside normal business hours.

Prevention training is hampered by the fact that death investigations are decentralized the Missouri, as a result coroners and medical examiners did not report to a single entity for oversight and death investigations such as drug overdose reporting and pregnancy associated mortality review are not connected. (2)

Communicable disease transmission, often associated with drug use, is increasing. Syphilis cases in Missouri increased by 230% from 2016 to 2022. Viral hepatitis and syphilis are increasing in rural Missouri, compounded by injection methamphetamine use. Congenital syphilis has increased from two cases in 2017 to 94. Increase funding for doxycycline is requested by DHSS. (2)

Health Professional shortages, specifically including mental health training for physicians results in an estimated one in seven people diagnosed with substance use disorder receiving treatment. Missouri has a 900 health professionals' shortage, including 350 medical residents. Missouri exports nearly 1/3 of its medical students to residency programs in other states. (2)

Transportation for persons who need treatment could be supported by expansion of a pilot program to allow emergency personnel to be reimbursed for transportation to an alternative destination, and in home consultations. The pilot program showed a net savings per intervention of over $500 per intervention. (14).

Limitations on syringe services programs, identified by DHSS and the University of Missouri – St. Louis Addiction Science Team, who reported that concerns of

increasing substance use because of such programs being enacted are not supported by evidence in many other states. The CDC states that syringe services programs are proven and effective community-based prevention programs that can provide a range of services, including access to treatment, housing, and transportation. (1) (2) (14)

Standardization of tax credits for the Neighborhood Assistance Program in the Youth Opportunity Program to equal those supporting pregnancy care centers would support the activities of organizations such as Catholic Charities St. Louis, which programs serve over 1000 persons per year, many of those with mental health and SUD issues. (18)

Lack of transparency in sentencing challenges courts and corrections in establishing drug treatment and release, Missouri having one of the most complicated sentencing laws in the country. (5)

RECOMMENDATIONS

Table 9: Recommendations
Part 1: Recommendations for Fiscal Year 2026 and Following:

1) Review whether the current level of funding for substance use prevention and treatment is adequate to continue to build treatment capacity across the state; DMH reports that demand far exceeds capacity, so the question remains where targeted investments would offer the most return;
2) At a minimum, even in difficult financial times, continue the current level of funding;
3) State departments address and implement and/or make recommendations to the legislature for methods for improved transportation and housing
4) Provide additional funding for the programs identified as particularly effective:
    a. 988
    b. Behavioral health crisis centers
    c. Recovery support service providers;
    d. Programs offering comprehensive and reduced time to treatment, including EPICC and FQHCs and CCBHCs;
    e. Judicial treatment courts, including mental health and veterans' courts;
    f. Department of Corrections individualized treatment and reentry
    g. Community and Youth Services liaisons; and
    h. Improve Medicaid coding to better track expenditures and services
    i. State public defenders

5) Continue to evaluate spend, emphasizing prevention;

6) Continue to utilize cannabis tax and opioid settlement funds for promising programs like mentoring, school-based supports, youth crisis centers, etc.
7) Increase prevention funding for tobacco and alcohol addiction prevention, and for tobacco, increase the use of the tobacco settlement funding.
8) Review transportation resources, including continuation/expansion of a pilot program to allow emergency responders to receive funding to alternative destinations and in-home consults.
9) Pursue transparency in sentencing.
10) Address the additional concerns listed in this summary.

Part 2: The following 2025 Recommendations for Subjects for Future Task Force Investigation are continued:

1) Determine measures and metrics for effectiveness, to include SUD incarceration and over-dose rates and returns on investments in other states;
2) Address subjects, which may have been previously controversial among the General Assembly, that have demonstrated effectiveness in other states, including:
    a. Raising the tobacco tax;
    b. Ensuring compliance with federal and state tobacco laws;
    c. Optimizing the use of tobacco settlement funds; and
    d. Implementing needle exchange programs;
3) Examine the need for and methods of providing wraparound services, including housing, expansion of rental assistance and community re-entry from incarceration/federal Medicaid re-establishment/exclusion waiver, and application of the sequential intercept model;
4) Continue to encourage departments to engage in evidence-based practices, with continued reporting and recommendations to the General Assembly, such as evidence-based prevention education and evolving/cutting edge evidence-based treatment methodologies linking mental health and substance use;
5) Examine the long-term impacts of recreational cannabis use in Missouri; and
6) Review and consider the Policy Research included in this report regarding the Public Health Outcomes of Cannabis Legislation, Tobacco Taxes in Other States, and Syringe Service Programs, provided by the non—partisan MOST Policy Research at the request of the task force chair. The Report Details and Summaries of Witness Testimony, as well as the department summaries and supplemental information in the appendices are recommended.

The pages of materials included as Exhibits in this report, offered by the departments and organizations testifying before the Task Force, provide a wealth of detailed information. It would be difficult if not impossible to find a more comprehensive compendium regarding the subject, at least in Missouri, and those materials are

therefore highly recommended, and can be found on-line to the Journal of Missouri House of Representatives on the date of publication of this report in the Journal.

References cited in this Executive Summary are as follows:

1) Department of Mental Health
2) Department of Health and Senior Services
3) Department of Social Services
4) Mo HealthNet
5) Department of Corrections
6) Missouri Supreme Court/Office of State Courts Administrators
7) Missouri State Public Defender
8) Missouri Primary Care Association
9) Department of Elementary and Secondary Education
10) EPICC
11) American Cancer Society
12) Missouri Coalition of Recovery Support Providers
13) Washington University
14) University of Missouri – St. Louis Addiction Science Team
15) Brightli Southwest Region
16) Webster County Public Health Unit
17) Catholic Charities of St. Louis

REPORT DETAILS

Deaths by Substance

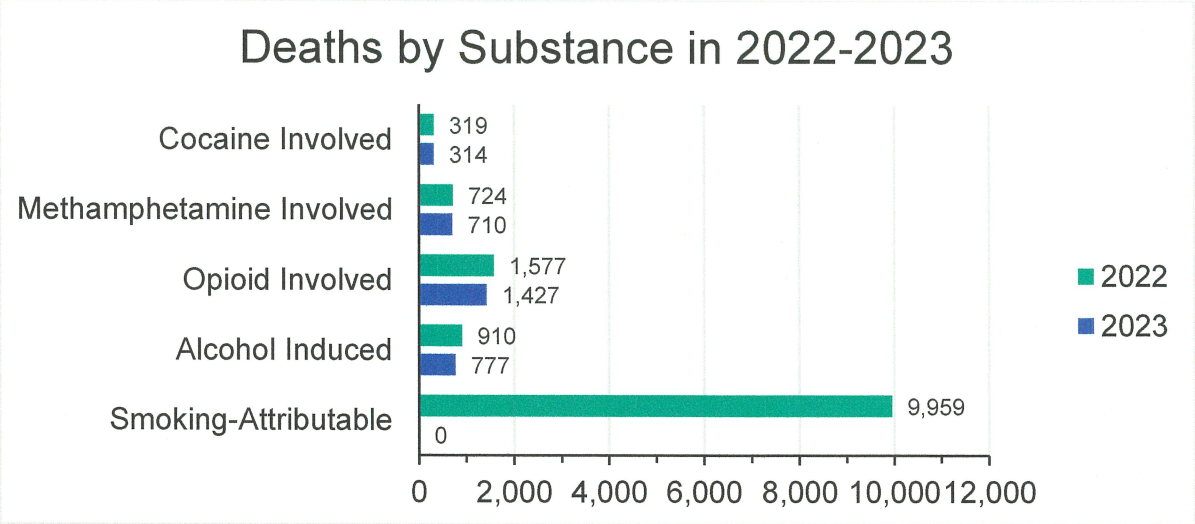

Figure 1. Number of deaths in Missouri per addictive substance. Data provided by DHSS for 2022 and 2023.

Table 1. Number of deaths in Missouri per addictive substance. Data provided by DHSS for 2022. (See

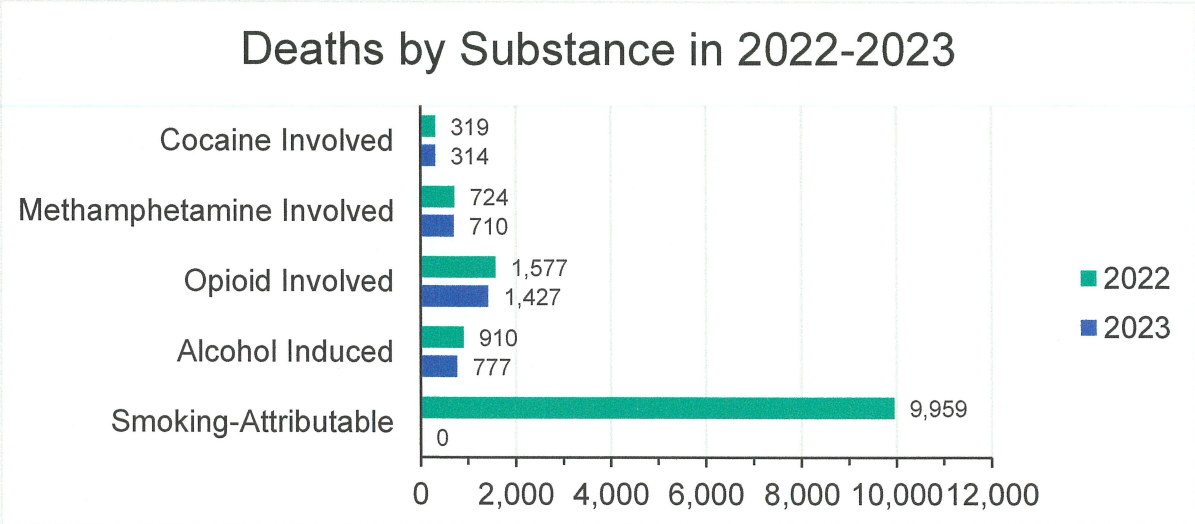

Figure 1).

Cause***	Deaths (2023)	Deaths (2022)
Smoking-Attributable*	Still unknown	9,959
Alcohol Induced**	777	910
Opioid Involved	1427	1,577

Methamphetamine Involved	710	724
Cocaine Involved	314	319

*Derived from a formula that assigns a certain percentage of various causes of death to tobacco smoking. Smoking also attributes to heart disease, cancer, and chronic lower respiratory disease, all of which are the three highest leading causes of death in Missouri. Secondhand smoke is also a significant cause.

** A broad definition that includes: alcohol induced pseudo-Cushing's syndrome; mental and behavioral dlsorders due to use of alcohol; degeneration of nervous system due to alcohol; alcoholic polyneuropathy; alcoholic myopathy; alcoholic cardiomyopathy; alcoholic gastritis; alcoholic liver disease; alcohol induced pancreatitis (chronic and acute); fetal induced alcohol syndrome (dysmorphic); excess alcohol blood levels; accidental poisoning by and exposure to alcohol (intentional, accidental, or undetermined intent); fetal alcohol syndrome.

***Drug types are not mutually exclusive, meaning a death record may have more than one drug listed, and would therefore be counted in both categories.

Funding

To assess these deaths and related substance use disorders (SUDs), the state of Missouri has appropriated funds to programs aimed at treatment, recovery, and prevention, as well as to support the associated administrative costs to run these programs. Per substance, Missouri spends the most on programs addressing all substances ($244 million). (**Table 2**, **Figure 2**, pages 18, 17).

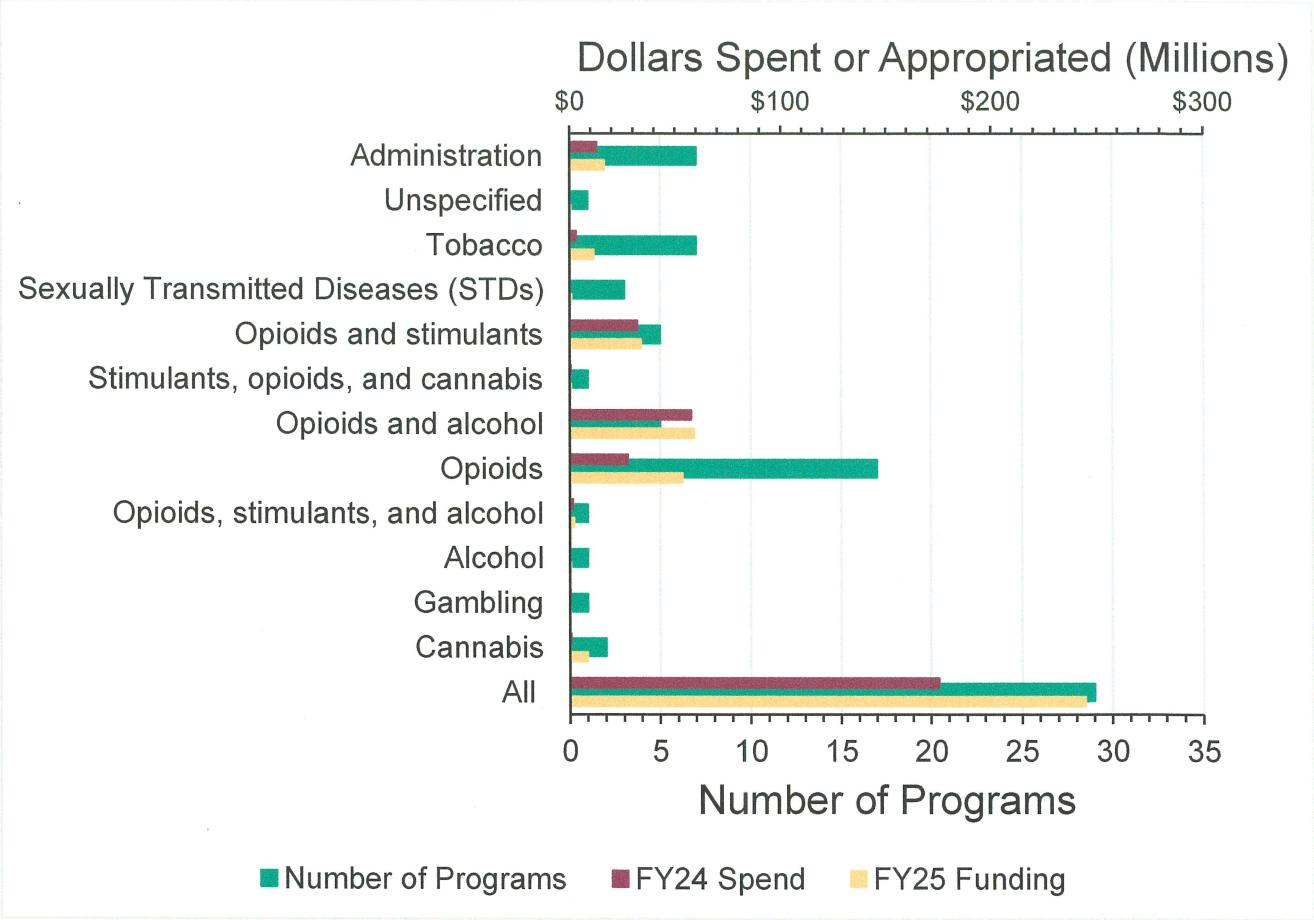

Figure 2. State funding dedicated to each addictive substance based on the number of programs dedicated to specific substances.

Table 2. State funding dedicated to programs working with SUDs related to each addictive substance. (See Figure 2)

Substance	Number of Programs	FY25 Funding	FY24 Spend	Additional Amount Appropriated
All*	29	$244,160,464	$175,079,011.08	$69,081,452.92
Cannabis	2	$8,348,619.00	$328,638.00	$8,019,981.00
Gambling	1	$153,606.00	$3,819.00	$149,787.00
Alcohol	1	$500,000.00	$0.00	$500,000
Opioids, stimulants, and alcohol	1	$1,899,877.00	$1,444,526.00	$455,351.00
Opioids**	17	$53,467,391.00	$27,451,278.33	$26,016,112.67
Opioids and alcohol	5	$58,928,297.00	$57,545,734.81	$1,382,562.19
Stimulants, opioids, and cannabis	1	$517,155.00	$407,954.28	$109,200.72
Opioids and stimulants**	5	$33,912,631.00	$31,973,858.17	$1,938,772.83
Sexually Transmitted Diseases (STDs)	3	$782,690.00	$0.00	$782,690.00
Tobacco**	7	$4,774,182	$2,941,707.83	$1,832,474.17
Unspecified	1	$500,000.00	$12,762,193.24	$3,695,090.76

*For the PDMP program in the Office of Administration, targeted substances are Schedule II, III, and IV Controlled Substances.

**There are programs from the Department of Health and Senior Services under the "Opioids," Opioids and stimulants," "Opioids and Alcohol" and "Tobacco" categories that share the same appropriation that is not specifically divided among the different programs. The Missouri Department of Mental Health (DMH) is the state authority for coordinating a statewide response to substance use disorders. In addition to DMH, the Department of Health and Senior Services (DHSS), Department of Corrections (DOC), Department of Social Services (DSS), Department of Elementary and Secondary Education (DESE), Office of State Courts Administrator (OSCA), and Office of Administration (OA) all have programs supporting the prevention and treatment of substance use disorders in Missouri.

The Task Force again held hearings during the interim session. The Missouri state departments provided the bulk of the testimony. The cooperation of the departments throughout this process has been invaluable and exceptional.

Programs

The majority of programs related to SUDs are housed in DMH (**Figure 3**). In FY25, DHSS has the largest number of new programs (13) compared to DOC and OA, which have no new programs (**Table 3**). Overall, there were 25 new programs funded in FY25.

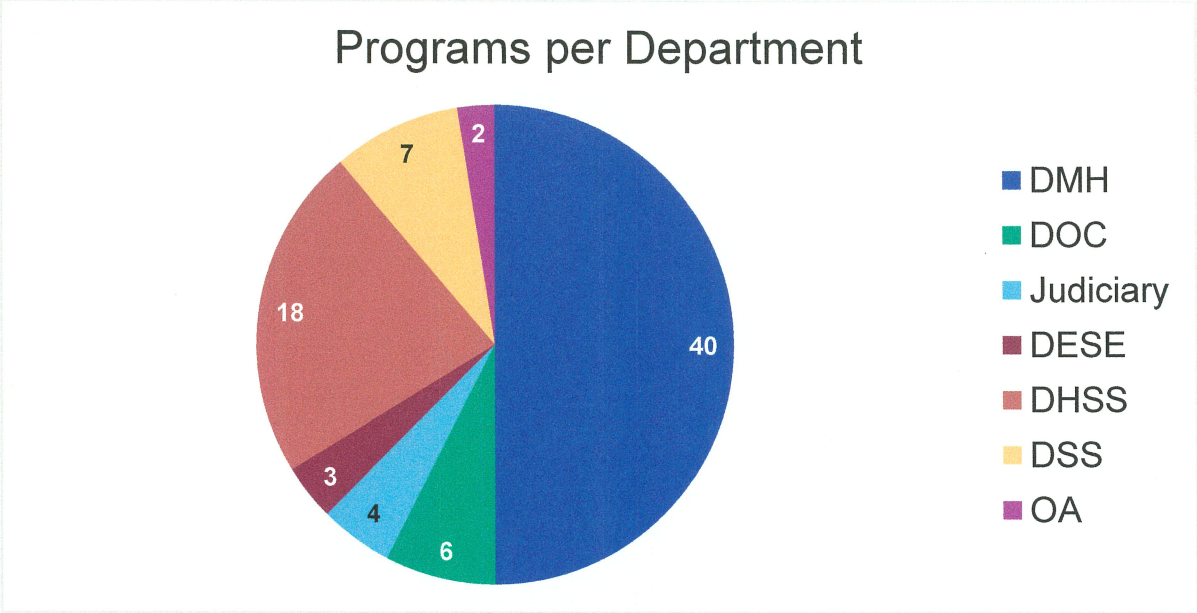

Figure 3. Total SUD programs in FY24 by department.

Newly initiated programs in FY25 are separately listed in **Table 3**; examples include capital improvement projects for substance use treatment facilities and wastewater testing and surveillance. Target substance data for new programs housed in DHSS was not provided.

Table 3. New SUD programs in FY 2025.

Program Name	Year Start	Department	Target Substance	Program Focus	FY25 Appropriations
Addiction Fellowships	2025	DMH	All substances	Treatment	$1,304,370.00
Adult Use - SUD Grants	2025	DHSS	Cannabis	Prevention, Treatment, Recovery	$5,848,619.00
Cannabis Prevention and Education Media Campaign	2025	DHSS	Cannabis	Prevention	$2,500,000.00
Capital Improvements (CI)	2025	DMH	Opioids	Administration	$636,000.00
Community and Youth Behavioral Health Liaisons	2025	DMH	All substances	Prevention	$500,000.00
Comprehensive Care for Women	2025	DHSS	Opioids	Treatment	$4,322,097.00
Disease Intervention Specialists	2025	DHSS	STDs	Prevention	$196,356.00
Fentanyl Test Strips	2025	DHSS	Opioids	Prevention	$216,300.00
Graduate Medical Education (GME) Program	2025	DHSS	All substances	Prevention, Treatment	$4,512,500.00
Hepatitis C Testing	2025	DHSS	STDs	Prevention, Treatment	$297,584.00
Housing Liaisons	2025	DMH	All substances	Treatment	$1,000,000.00
Naloxone	2025	DSS	Opioids	Treatment	$1,191,377.00
Peer Respite Services	2025	DMH	All substances	Recovery	$1,500,000.00
Peer to Peer	2025	DMH	All substances	Recovery	$100,000.00
Psilocybin	2025	DMH	Opioids	missing	$5,000,000.00

Rapid Hepatitis C Testing	2025	DHSS	STDs	Prevention	$288,750.00
Recovery Community Centers (RCC)	2025	DMH	All substances	Recovery	$1,200,000.00
Recovery High Schools	2025	DMH	All substances	Treatment	$10,434,783.00
Drug Abuse Resistance Education	2025	DESE	All substances	Prevention	$350,000.00
Youth Substance Use Prevention	2025	DMH	All substances	missing	$150,000.00
Medically Assisted Treatment	2025	Judiciary	Opioids, Alcohol	Treatment	$250,000.00
SUD Prevention and Education*	2025	DMH	All substances	Prevention	$150,000.00
Wastewater Testing and Surveillance	2025	DHSS	Opioids	Prevention, Treatment	$2,000,000.00
Alcohol Misuse Prevention	2025	DMH	Alcohol	Prevention	$500,000.00
Youth Tobacco Use Prevention Services	2025	DHSS	Tobacco	Prevention	$300,000.00

*SUD Prevention and Education may be a duplicate of Youth Substance Use Prevention.

Prevention vs. Treatment

Programs may have specific focuses with respect to substances targeted. They also have specific focuses on the type of services offered, including whether these focus on prevention, treatment, recovery, and/or harm reduction, or are used for administration costs. In FY25, as with FY24, the greatest amount was appropriated to programs that only focused on treatment (**Table 4**, **Figure 4**). This is also where the majority of FY24 funds were spent.

The largest number of programs focused on prevention only, and constituted the second highest spend for FY24. However, this was almost $200 million less than treatment programs.

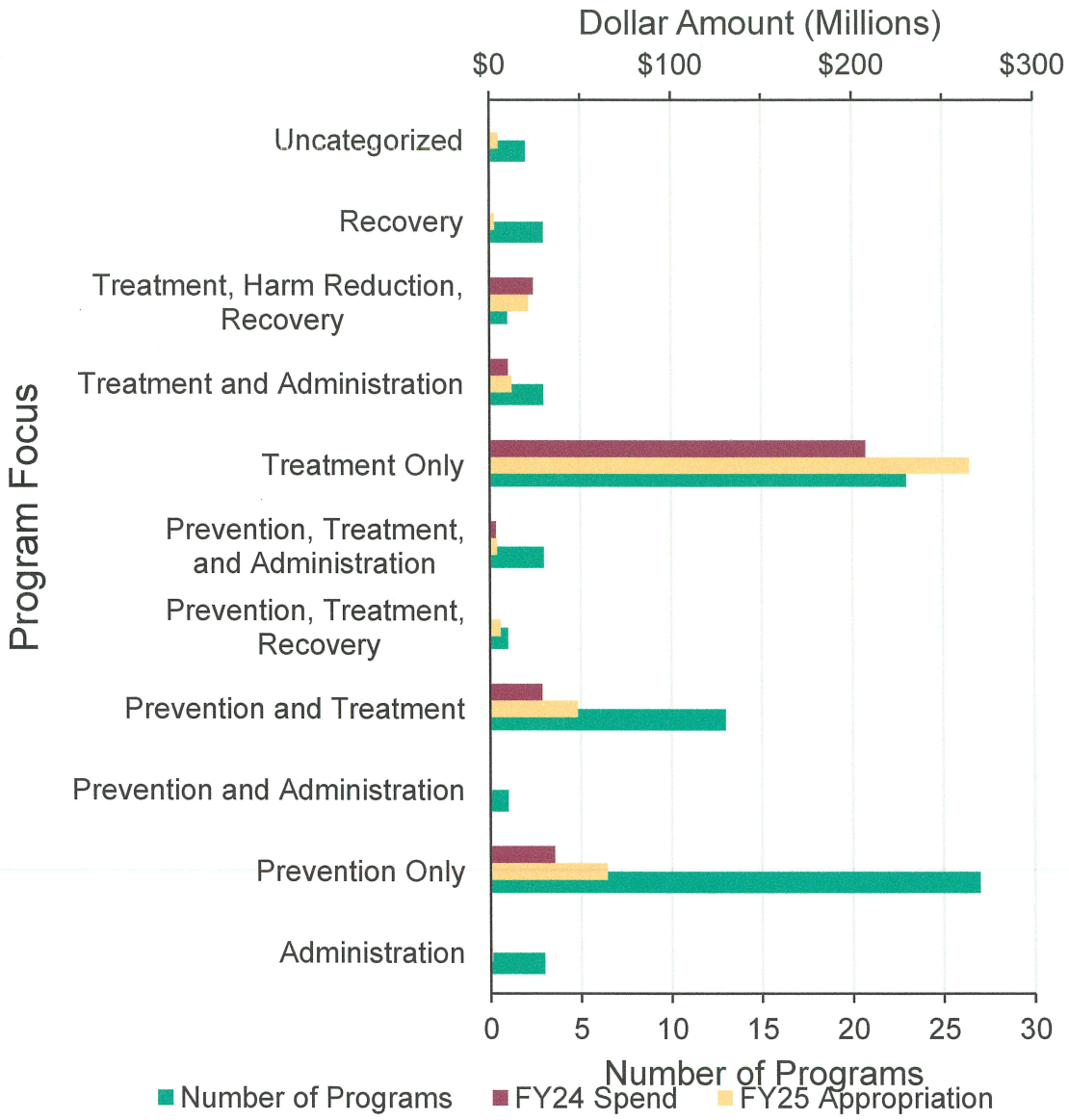

Figure 4. Amount spent on program priorities (prevention, treatment, etc.).

Table 4. Amount spent on program priorities (prevention, treatment, etc.).

Program Focus	Number of Programs	FY25 Appropriation	FY24 Spend	Additional Amount Appropriated
Administration	3	$1,184,515.00	$0.00	$1,184,515.00
Prevention Only*	27	$64,429,939.00	$35,473,686.13	$28,956,252.87
Prevention and Administration	1	$555,893.00	$266,133.00	$289,760.00
Prevention and Treatment*	13	$48,439,041.00	$28,794,065.56	$19,644,975.44
Prevention, Treatment, Recovery	1	$5,848,619.00	$328,638.00	$5,519,981.00
Prevention, Treatment, and Administration	3	$3,998,255.00	$3,226,610.00	$771,645.00
Treatment Only	23	$264,692,420.00	$207,315,356.81	$57,377,063.19
Treatment and Administration	3	$12,211,531.00	$10,222,171.24	$1,989,359.76
Treatment, Harm Reduction, Recovery	1	$21,626,445.00	$24,312,060.00	-$2,685,615.00
Recovery	3	$2,800,000.00	$0.00	$2,800,000.00
Uncategorized	2	$5,150,000.00	$0.00	$5,150,000.00
Total	80	$430,936,658.00	$309,398,720.74	$120,997,937

* There are programs from the Department of Health and Senior Services under the "Prevention Only" and "Prevention and Treatment" categories that share the same appropriation that is not specifically divided among the different programs. Therefore, these appropriations amounts are counted multiple times across this table.

The types of programs vary across departments. DMH houses the greatest number of total programs, and the majority of most program focus types (prevention, treatment, recovery etc.) (**Figure 5**). DMH includes most programs focused on treatment only, with the second most housed within the DSS. DMH also houses the majority of programs focused on prevention only, with DHSS housing most of the remaining prevention programs.

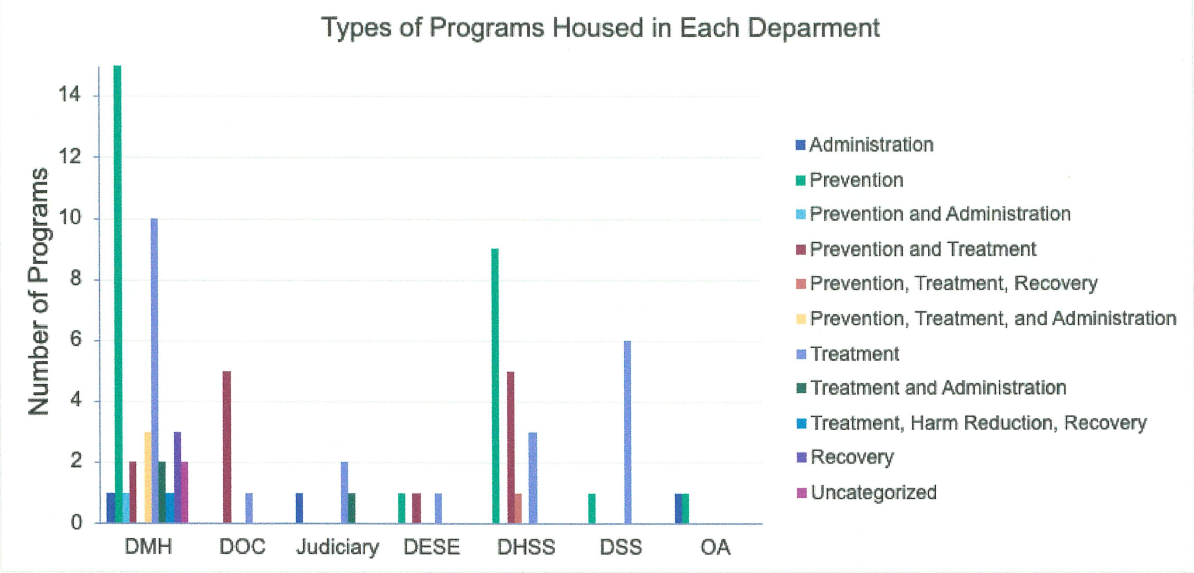

Figure 5. The focus of SUD programs housed in each department.

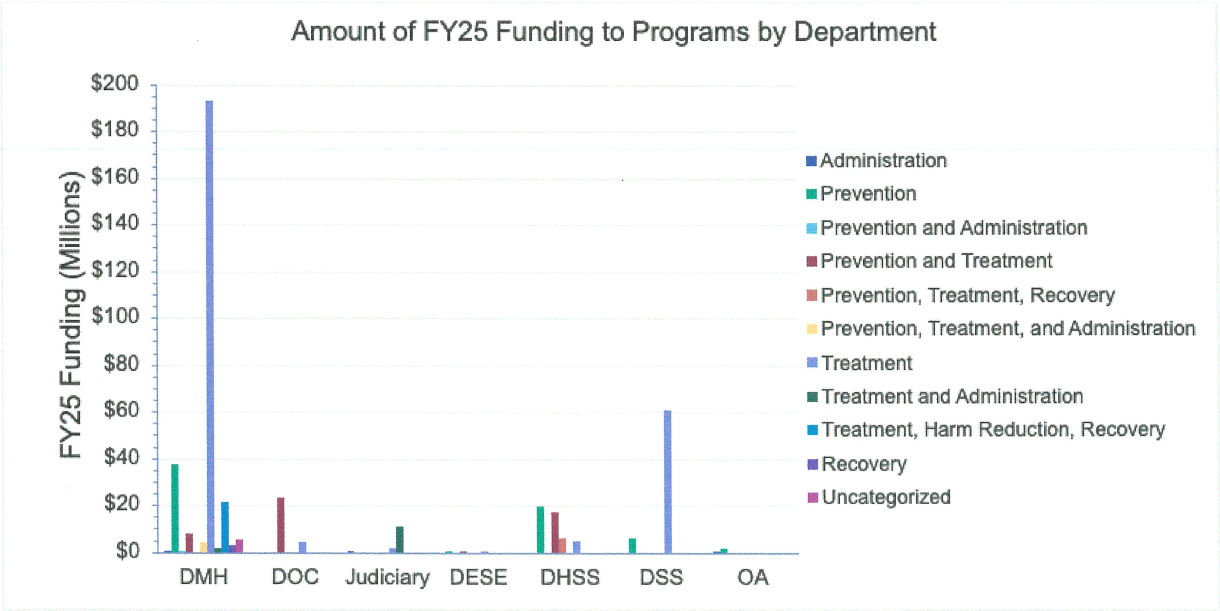

Figure 6. FY 24 appropriation for SUD programs by program service focus and department.

BUDGET OVERVIEW

Fiscal Year 2025 (FY24) appropriations for substance use disorders were calculated to be approximately $430 million, an increase from FY24 spending of approximately $308 million (**Figure 7**). This number is based on attempting to track all expenditures and appropriations and is thus approximate. The increase is reflected in new focus programs, increased funding for demonstrated effective programs, ultimately resulting in more people being helped. Some of the funding was one – time, and the ability to find funding to pick – up this appropriation will be critical to maintaining the improvement. (**Figure 8**).

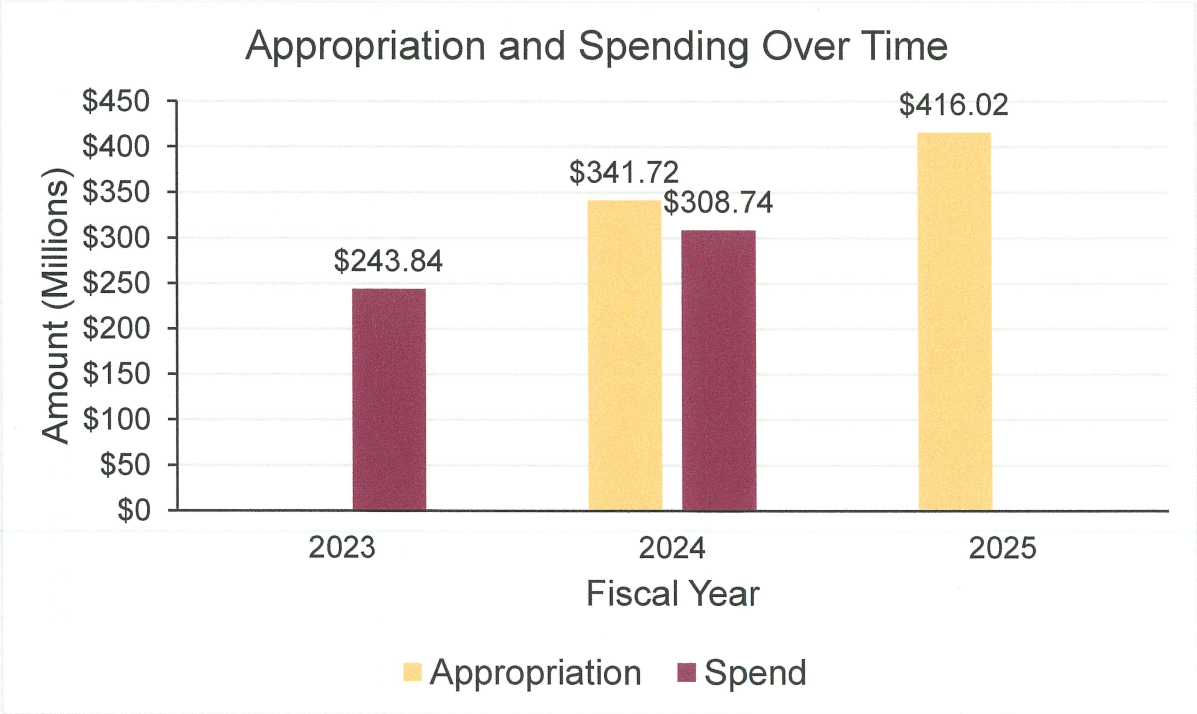

Figure 7. Appropriations and spending for SUD programs over time.

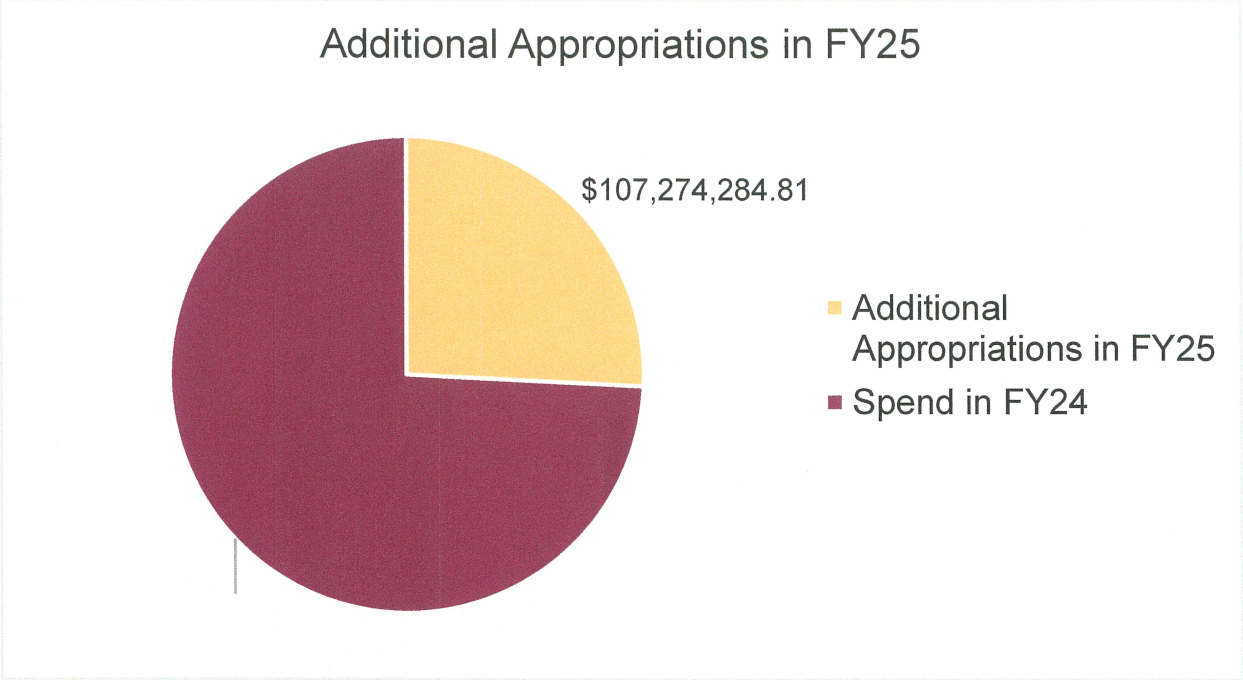

Figure 8. Additional monies appropriated in FY 25.

In FY24, DMH spent 65% of the total funds allocated for SUDs, and administered the majority of programs relating to SUDs (**Figure 9**). Again, it contained the largest number of programs devoted to SUDs (**Figure 10**). Similarly, DESE spent $604 on SUDs in FY24, despite being appropriated $1.2 million in FY24 (**Table 5**).

Some departments are receiving fewer dollars in the FY25 budget than they did in the FY24 budget (**Table 5**, **Figure 10**). However, all departments are receiving more monies in the FY25 budget than they spent in FY24

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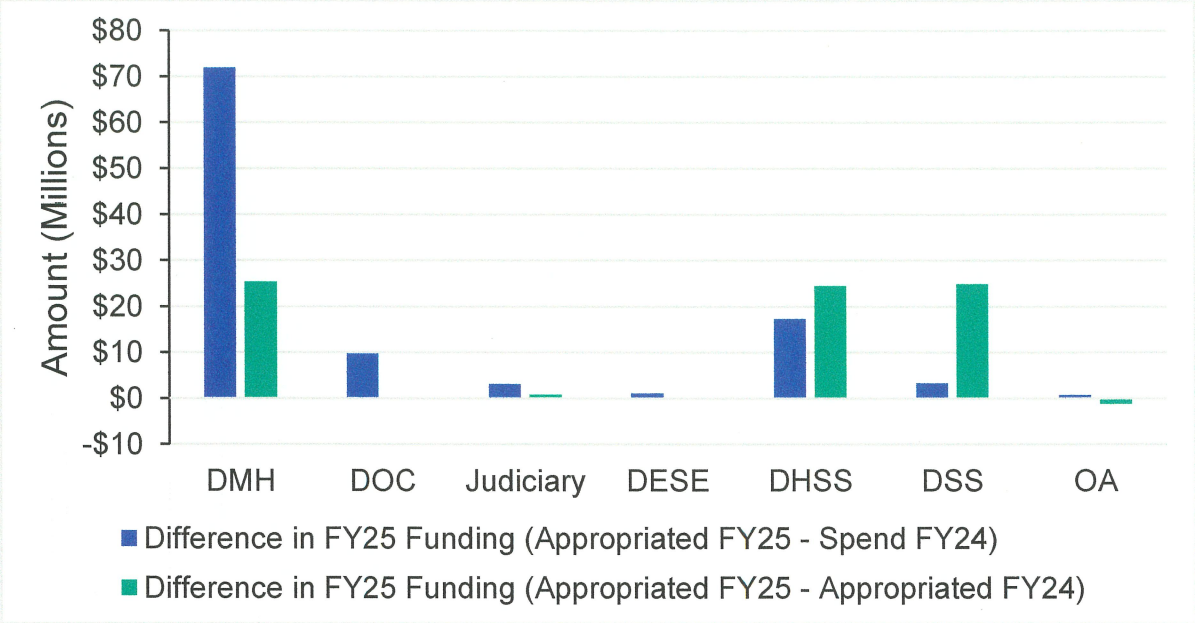
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Difference in FY25 Funding (Appropriated FY25 - Spend FY24)
Difference in FY25 Funding (Appropriated FY25 - Appropriated FY24)

Figure 11).

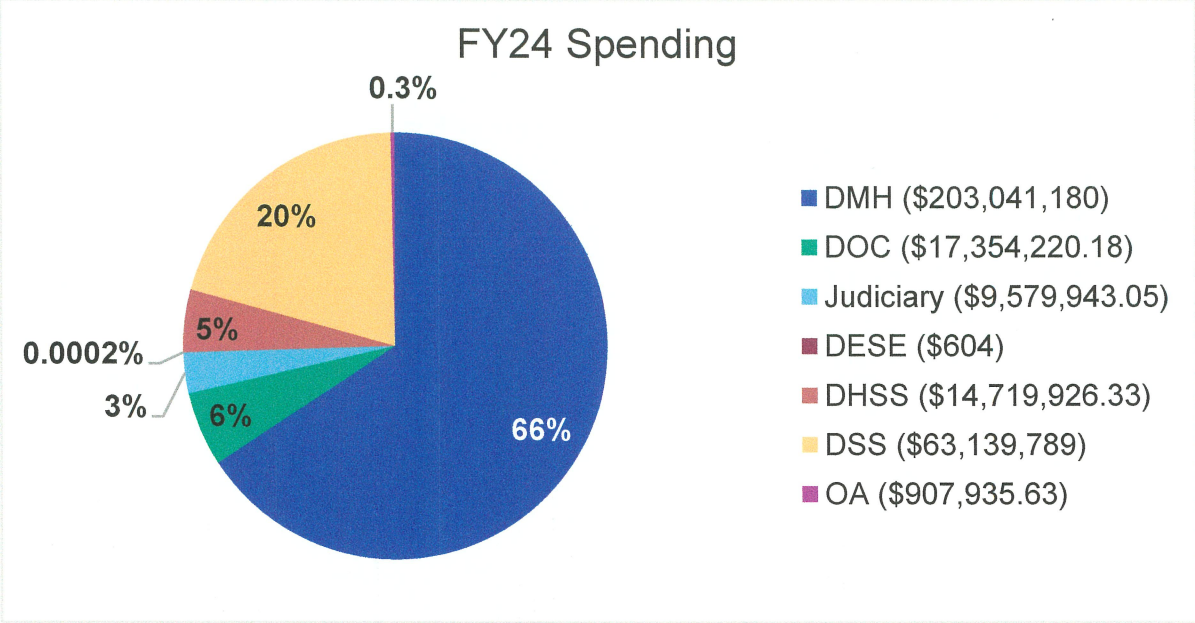

Figure 9. The percentage of FY24 spending on substance use disorders across departments.

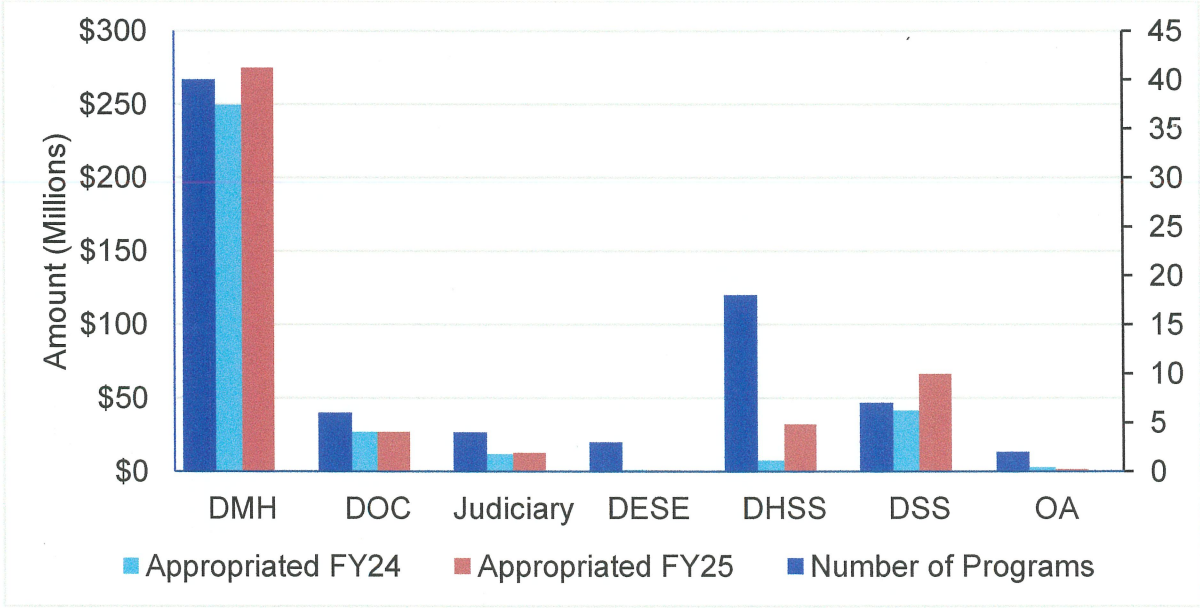

Figure 10. The number of SUD programs in each department compared to the FY24 and FY25 appropriations to that department for SUD programs.

Table 5. FY24 spending and FY25 appropriation by department.

Department	Appropriated FY24	Percentage of SUD Appropriations FY24	Spent FY24	Percentage of SUD Spending FY24	Appropriated FY25	Percentage of SUD Appropriations FY25
DMH	$249,613,637.16	73%	$203,041,180	66%	$274,992,686	66%
DOC	$27,068,643	8%	$17,354,220.18	6%	$27,108,112	7%
Judiciary	$11,953,607	4%	$9,579,943.05	3%	$12,715,570	3%
DESE	$1,210,600	0.4%	$604	0.0002%	$1,105,600	0.27%
DHSS	$7,557,418	2%	$14,719,926.33	5%	$32,035,474	8%
DSS	$41,485,714.66	12%	$63,139,789	20%	$66,442,595	16%
OA	$2,832,523	1%	$907,935.63	.3%	$1,617,846	0.4%

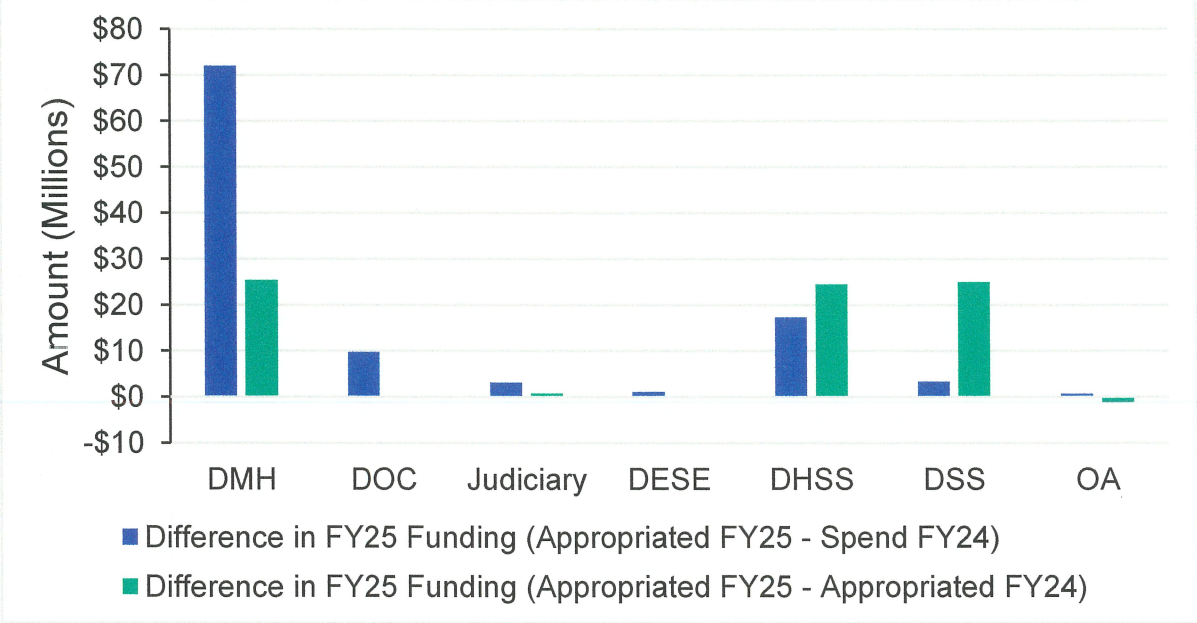

Figure 11. Appropriation and spend differences between FY24 and FY25 by department. The difference in funding for departments between FY24 and FY25 appropriations, and the difference between FY25 appropriations and FY24 spending.

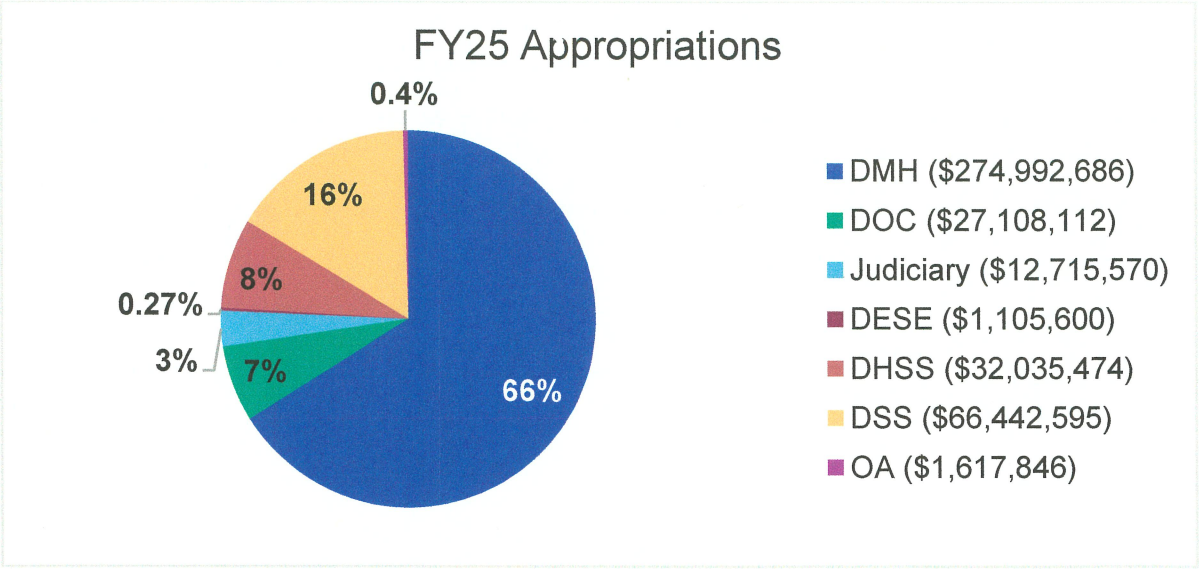

Figure 12. The percentage of FY25 appropriations for substance use disorders across departments.

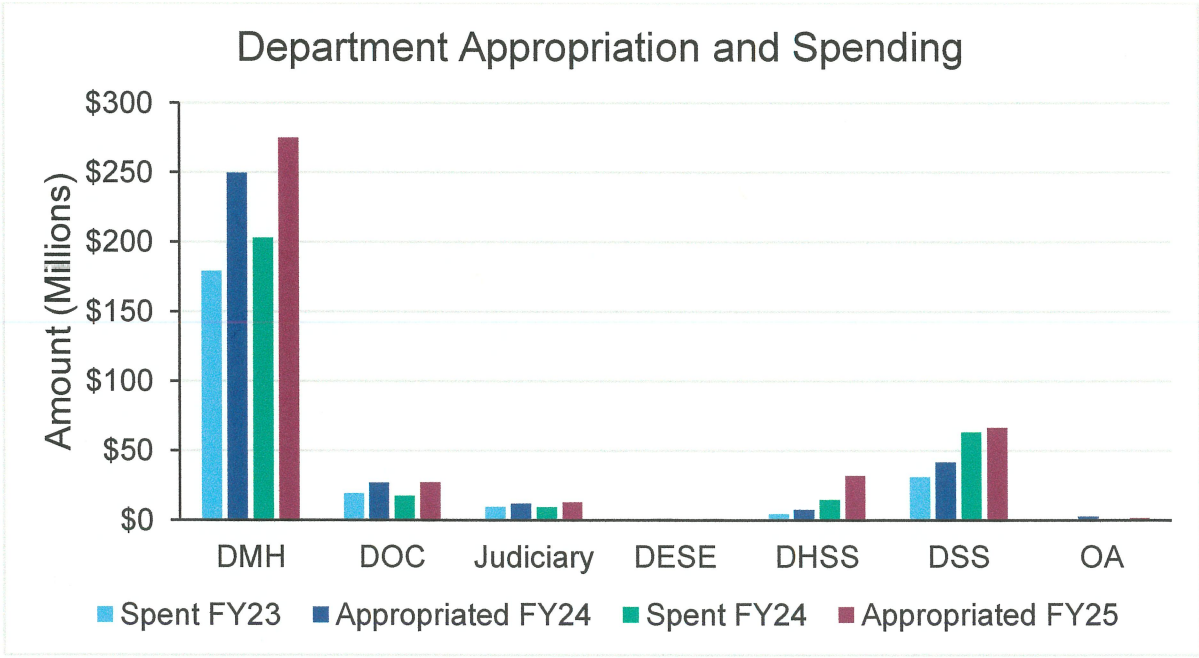

Figure 13. Appropriation and spending differences across Missouri state departments containing programs related to substance use disorders.

Table 6). Compared to FY24 spending, the FY25 budget contains an additional $122 million for SUD programs. This is a similar increase to the previous year, where $106 million was appropriated for FY24 compared to FY23 spending.

Of this additional funding, the majority ($70 million) was allocated to DMH (**Table 6**,

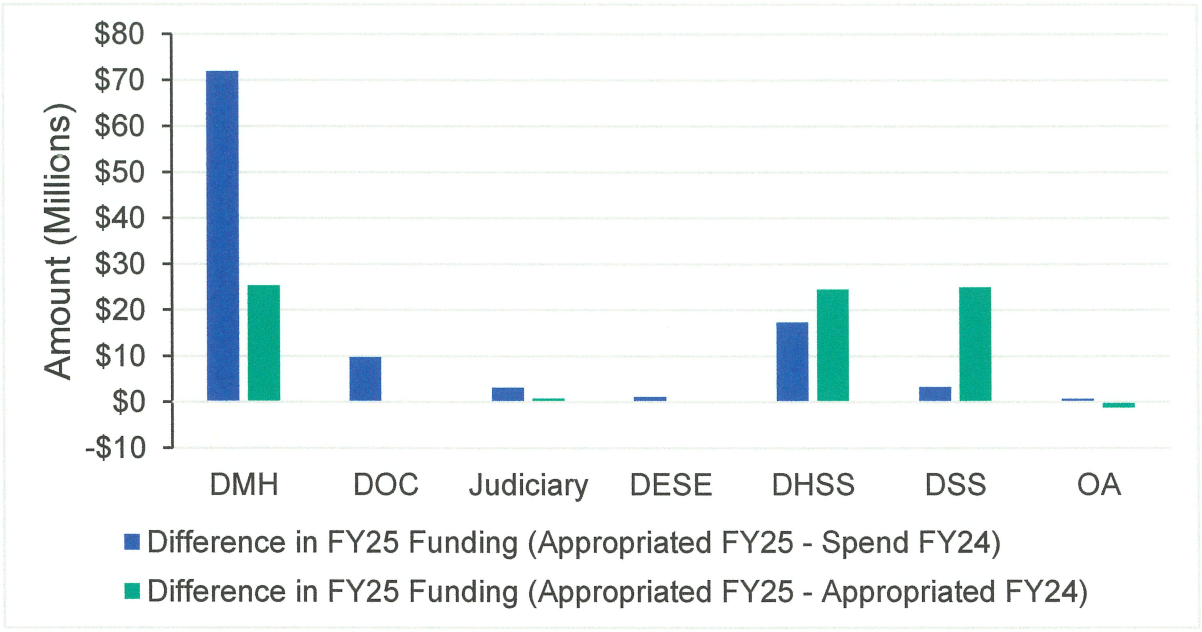

Figure 11, Error! Reference source not found.). DHSS saw the next largest increase in funding, both when compared to FY24 spend and appropriations, and has added 13 new programs in 2025 (**Table 5**,

Table 7,

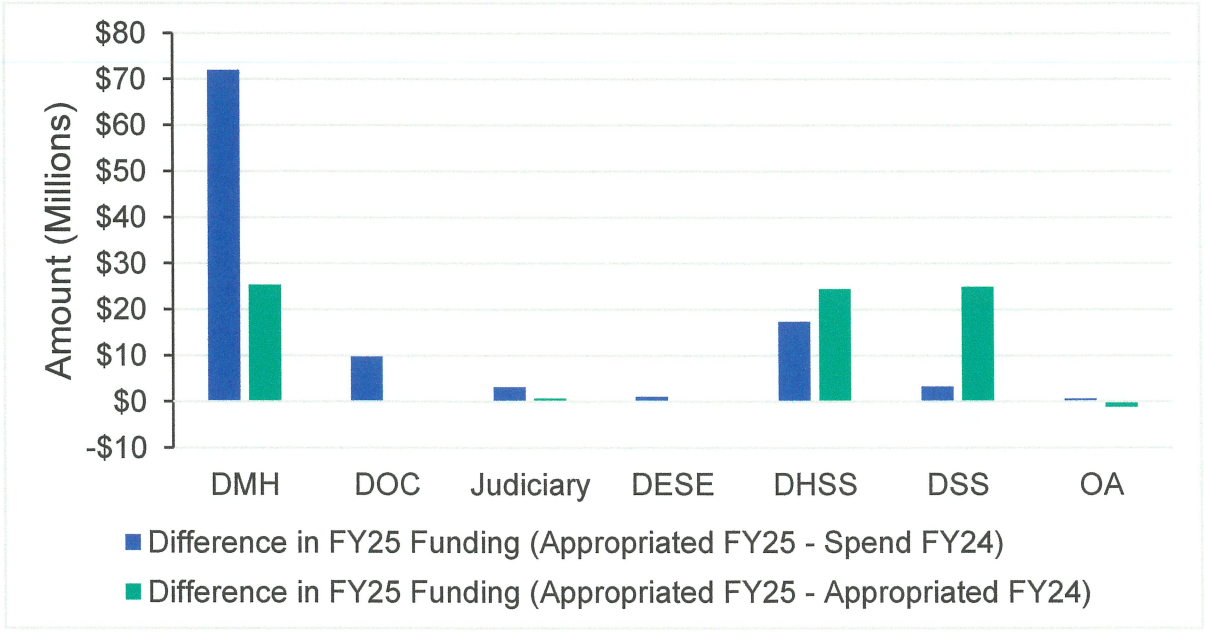

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Table 6. Differences in appropriations and spending for FY24 and FY25.

Department	Appropriated FY24	Spent FY24	Appropriated FY25	Difference in FY25 Appropriations and FY24 Spend	Difference in FY25 and FY24 Appropriations
DMH	$249,613,637.16	$203,041,180	$274.992.686	$71,951,506	$25,379,048.84
DOC	$27,068,643	$17,354,220.18	$27,108,112	$9,753,891.82	$39,469
Judiciary	$11,953,607	$9,579,943.05	$12,715,570	$3,135,626.95	$761,963
DESE	$1,210,600	$604	$1,105,600	$1,104,996	-$105,000
DHSS	$7,557,418	$14,719,926.33	$32,035,474	$17,615,547.67	$24,478,056
DSS	$41,485,714.66	$63,139,789	$66,442,595	$3,302,806	$24,956,880
OA	$2,832,523	$907,935.63	$1,617,846	$709,910.37	-$1,214,677
Total	$350,259,330.82	$309,259,930.82	$415,987,720.74	$106,049,162.26	$65,728,552.18

Table 7. Additional money appropriated to each department in FY25, the percentage of the additional appropriation, and the number of new programs in each department. The additional funds were determined by comparing the amount of money appropriated to each department in FY24 with the amount appropriated in FY25.

Department	FY25 Additional Funds	Percentage of Total FY25 Additional SUD Funding	Number of New Programs in FY25**
DMH	$25,379,048.84	34%	12
DOC	$39,469	.05%	0
Judiciary	$761,963	1%	1
DESE	-$105,000	-0.14%	1
DHSS	$24,478,056	33%	10
DSS	$24,956,880	34%	1
OA	-$1,214,677	-2%	0

Table 8. The FY 24 and FY 25 funding for SUD within the DSS budget. The Department of Social Services (DSS) includes the MO HealthNet (Medicaid) program. Funding for programs in other departments are generally contained in those department budgets, and Medicaid spending is then accessed for Medicaid eligible participants. DSS has provided some direct funding for SUD, the bulk within the pharmacy medication assisted treatment (MAT).

Program Name	Program Description	Prevention Treatment or Admin	Target Substance	FY25 Total Appropriated	FY24 Total Expended
Substance Abuse Prevention Network	Grant programs for FQHCs for a substance abuse prevention network	Prevention	Opioids	$5,700,000.00	$2,397,194.00
Medication Assisted Treatment - Drugs	Payments for pharmaceutical assistance for substance abuse treatment	Treatment	Opioids, Alcohol	$25,131,149.00	$25,131,149.00
Medication Assisted Treatment - Drugs Adult Expansion Group	Payments for pharmaceutical assistance for substance abuse treatment	Treatment	Opioids, Alcohol	$29,483,005.00	$29,483,005.00
Naloxone	Payments for Naloxone through the Medicaid pharmacy program	Treatment	Opioids	$1,191,377.00	$1,191,377.00
Naloxone - Adult Expansion Group	Payments for Naloxone through the Medicaid pharmacy program	Treatment	Opioids	$882,913.00	$882,913.00
Treatment for Therapy (Family/Group/ Individual)	Reimbursement for therapy treatment related to a SUD diagnosis	Treatment	All substances	$2,684,677.00	$2,684,677.00

Assessment/Testing/Screening/Referral for SUD treatment	Reimbursement for testing/screening for individuals with a potential SUD diagnosis	Treatment	All substances	$1,369,474.00	$1,369,474.00

NOTE

MOST Policy Initiative is a 501(c) (3) non-profit, nonpartisan organization working to connect science to policy at the state level in Missouri. Members of MOST Policy Initiative were involved with data collection, figures and table creation, report formatting, and editing. Members of MOST Policy Initiative did not contribute to any interpretations or recommendations made from the data.

SUMMARY OF TESTIMONY

I. Hearing on June 24, 2024

Persons Testifying: Valerie Huhn, Angeline Stanislaus, Department of Mental Health; Todd Richardson, Josh Moore, Missouri HealthNet, Department of Social Services

Valerie Huhn, Director of the Department of Mental Health, and Dr. Angeline Stanislaus, Chief Medical Director, focused on the biology of addiction and the three main substances responsible for addiction.

Neurobiology of addiction – any substance can be addictive, if it causes tolerance, withdrawal, craving, and a sense of loss of control.

Genetics, a person's gender, and his or her experience relating to mental disorders, or a family history thereof, can impact whether a person is predisposed to substance use disorder, in combination with environmental factors: a chaotic home filled with abuse, a parent's use and attitude toward substances, peer influences, and community attitudes toward substances may play a role. It also depends on the route of administration of the substance being consumed, the effect of that substance, the initiation of use, as well as cost and availability of a substance. Each of these may change the brain's chemistry and what is being communicated via neurotransmitters.

Some drugs target the pleasure center of the brain, the dopamine pathways. These brain circuits are important for natural rewards such as food, music, and sex. Dopamine increases in response to these natural rewards.

The presentation focused on three main substances causing addiction: alcohol; opioids, particularly fentanyl; and methamphetamine.

Alcohol

Over time, the excess amount of dopamine released when consuming alcohol begins to impact a person's baseline dopamine level as well as reducing the natural production of dopamine, which can lead to symptoms of withdrawal. The timeline of withdrawal begins with symptoms such as anxiety, insomnia, nausea, or abdominal pain within the first eight hours, followed by high blood pressure and increased body temperature in the second stage, occurring one to three days from the person's last drink. The third stage, usually a week after the final drink, may feature symptoms such as hallucinations, fevers, seizures, and agitation.

There are three types of FDA-approved medications for alcohol use disorder:

1) Antabuse, which blocks the metabolism of alcohol, thus making the person sick if he or she drinks;
2) Naltrexone (common trade name: vivitrol), which blocks the opioid receptors, thus preventing the experience of a buzz and decreasing a person's craving; and
3) Acamprosate, which promotes the balance between the neurotransmitters, GABA, and glutamate.

Opioids, including Fentanyl

Fentanyl now comprises the vast majority of drug overdoses in the United States and has done so since 2018, due to its potency being between thirty to fifty times greater than that of heroin and one hundred times more potent than morphine. As fentanyl is a synthetic opioid that is grown in a lab, it is much cheaper to produce than heroin, less cumbersome to transport, and requires less product than other opioids, resulting in its widespread presence in the United States; this is exacerbated by its mixture into or combined usage with other substances, such as heroin, cocaine, or methamphetamine, which can make determining the amount of fentanyl present and whether it is a lethal dosage difficult. Fentanyl produces effects by activating μ-opioid receptors.

The timeline for withdrawal of fentanyl is similar to that of alcohol; the first stage typically begins between six and twelve hours after last using and can present as a range of physical and psychological symptoms including anxiety, depression, increased cravings, fatigue, difficulty concentrating, insomnia, nausea, vomiting, sweating, insomnia, diarrhea, cramps, and muscle aches or pains. The timeline of withdrawal may depend on the length of fentanyl use and a person's tolerance.

Medication-assisted treatment for fentanyl use, and opioid use disorder more broadly, is conducted using one of three medications:

1) Methadone is a full opioid agonist that reduces cravings for opioids and prevents withdrawal symptoms. While this medication may be introduced during the detoxification stage of a person's recovery, it is best used as a long-term approach to treating fentanyl addiction. Typically, this medication is recommended to individuals who have previously been treated for opioid addiction and were unsuccessful in sobriety;
2) Buprenorphine (common trade name: Subutex) is a partial opioid agonist, meaning that it binds to and *partially* activates opioid receptors without producing a high. It can prevent a person from relapsing by reducing the intensity of his or her drug cravings and withdrawal symptoms; and
3) Naltrexone is a full opioid antagonist that blocks the opioid receptors, thereby preventing the effects and reducing the craving. (Suboxone is a common trade name for a combination of buprenorphine and naltrexone).

Methamphetamine

Using methamphetamine produces an intense release of dopamine, serotonin, and norepinephrine into the brain's synapses, and is typically used recreationally for its effects as a euphoriant and stimulant, as well as its aphrodisiac qualities. Use of the drug was found to be related to higher incidents of unprotected sexual intercourse in both HIV-positive and partners with unknown status. This, alongside the practice of sharing needles to inject drugs, has contributed to a heightened risk of HIV transmission among gay and bisexual men who use methamphetamine as well as for non-gay users.

Unlike for alcohol and opioids, there is no FDA-approved medication-assisted treatment for methamphetamine use, but non-medication treatments that have demonstrated efficacy include behavioral therapies, peer support and counseling, and what is known as "contingency management," which rewards people for staying drug-free with vouchers, cash, gift cards, or other small rewards.

Todd Richardson, Director of MO HealthNet Division, DSS, and Josh Moore, Director of Pharmacy for MO HealthNet.

MO HealthNet provides: 300 Medically Assisted medications, services through the Department of Mental Health. Managing 300 different classes of medications. To ensure good access to medication and appropriate controls; Focusing on medications covered for MAT.

Features: Open-access policy, meaning no prior authorization required to be completed by the physician or pharmacy for MAT; No copay; No limitation on how long a patient can be on these treatments, either. Some state Medicaid programs continue that; we don't think appropriate. Meeting participants where they are is important; if a diabetic took a donut, we wouldn't deny them insulin. SUD treatments are provided through Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs with state funding provided through the Medicaid program in the Department of Mental Health budget. Services include detoxification hospitals, screening and referral to primary care health homes, diagnostic assessment and counseling/psychotherapy by licensed behavioral health professionals along with care coordination and management directly to MO HealthNet members

Substance use disorder and opioid use disorder. In FY 2024, 72,666 participants received at least one dosage of substance use treating medications, resulting in total reimbursement of $54.6 million. Some participants have multiple SUDs, some are on Medicaid expansion, or are a part of another eligibility, which could lead to double-

counting – this has been de-duplicated by the Department so as to not skew data. All policies are statewide; MO HealthNet Pharmacy doesn't do managed care, and the Department encourages utilization for treatment options that are available.

Broad access – a network of CCBHCs, FQHCs, and new funding to improve access. Director Richardson testified there is room for improvement, as well as having the sufficient network of providers who are able to treat patients. Some areas, in rural areas especially, it is more difficult to attract providers.

In FY 2024, MO HealthNet paid at least one claim for select OUD treatments for 14,580 patients, which came to a reimbursement of $33.9 million, all pre-pharmaceutical rebate. Generally, 55-65% of what the state spends comes back in rebate (note: testimony and budget figures are sometimes difficult to reconcile as a result). Includes buprenorphine, naltrexone tablets and injectables. Some people have OUD and AUD, and vivitrol works for both, so it is difficult to determine which they're using for, or both.

Last year, the division carved buprenorphine injectables out of the inpatient per diem, so hospitals are separately reimbursed for giving a patient an injection before they leave the hospital. This is a result of thinking about pregnant moms who just delivered, who may be dealing with the requirements of OUD treatment, and how that could be quite overwhelming.

Alcohol use disorder. Alcohol use disorder is very undertreated in MO; out of over 1 million participants in MO HealthNet, it's impossible to fathom only 7,600 having such a disorder, (see by contrast the testimony at the hearings on June 24 and September 16, describing the billions of dollars societal cost to alcohol addiction) and the Division spent $1.4 million last year. To try and address this low uptake, DMH sent out a provider blast in May, highlighting the coverage of these products, the undertreatment, and will be periodically reminding physicians and nurse practitioners, reporting facts of 8200 alcohol related ER visits, 1900 deaths, and other information regarding alcohol use disorder. A lot of people don't think of AUD as a disorder, and its use is widespread and socially acceptable.

Tobacco use disorder. Tobacco Use Disorder has the highest volume: 58,000 participants received treatment for a total of $8.8 million spent on nicotine replacement (all forms) and reimbursed for pharmacists prescribing nicotine replacement products. Some claims come through from those, as well as NPs and physicians. (Again, compared to the cost in billions reported in other testimony).

Naloxone. Since 2001, MO HealthNet has provided Naloxone rescue agent in appropriate circumstances. In FY 2024, the cost was over $2 million for approximately 23,000 participants.

DisposRX. Only Medicaid program in the nation that covers DisposRX packets to allow safe disposal of medication at home. 2024 fiscal year and 5500 participants, at a cost of approximately $139,000.

No pharmacy benefit manager. MO HealthNet does not utilize a PBM – there are vendors that help support claims being paid and request reviews, and there are multiple meetings per week. Prices paid to pharmacies are set on national benchmarks, and that data is available publicly and online.

II. Hearing on July 25, 2024

Persons Testifying: Nora Bock, Valerie Huhn, Department of Mental Health; Trever Foley, Annie Harmon, Department of Corrections

Human and Economic Costs. The Department Mental Health reports that 943,000 Missourians suffered from substance use disorder in the past year, 531,000 from another drug use disorder, and 536,000 Missourians with alcohol use disorder. The Missouri economic cost of alcohol and drug use disorders is estimated at approximately $4.5 billion for alcohol, and $4 billion for drug use disorder, a total of approximately $8.5 billion.

Drug czar. One of the questions sent from the Task Force was about a "Drug Czar," and whether that could be something that helps the state. Operating DMH like this, there are a lot of questions we have around that. If a position is added, it should be meaningful, and not a barrier to progress. We're trying to understand what problems the Task Force are trying to solve with a Czar. This person would coordinate efforts between departments, but that requires meaning as well and would likely need some sort of statutory change. There is a drug czar at the national level, which has evolved over the last 20 years. Further research would be needed. Indiana and Arkansas have them, but theirs is predominantly law-enforcement related.

Access. The supply of access does not meet the demand. A workforce shortage contributes. Access is critical to sustain improvement. It is important to diversify access points in recovery - What that means is that there are multiple touch points along the continuum, more avenues for prevention and public education messaging, plugging into the treatment system, or referral from DOC. Important to have as many opportunities as possible for those seeking recovery to maintain access to nonmedical but critical resources. Additionally, it is important to increase the number of programs and increase the statewide distribution, or saturation, of Naloxone.

Measuring success. Measuring success – DMH has monitoring mechanisms, is the regulatory authority from state and federal funds, and we do funding reviews. We also have fidelity teams, which, to an evidence-based practice, is being followed as closely to the model as possible. One measure of success is the decrease in 2024 in drug overdose deaths across the state. The distribution of Naloxone is undoubtedly a factor and will be required to continue this success. (The report of Dr. Rachel Winograd, task force member, on October 29, provides more detailed information) . Our central office conducts those surveys, samplings of records and we assess the programs' fidelity. We can say if "X" provider has improved over the last year relating to fidelity. National benchmarks, departmental participation in federal surveys.

The substance use budget is in three buckets: prevention, treatment, and recovery. It is important to know that prevention and recovery support services are not billable to

Medicaid and rely solely on state GR, federal block grants, and federal discretionary grants (note: and recently, opioid settlement and recreational marijuana tax.

Prevention. Medicaid, the most common source of payment, does not cover prevention, or recovery, only treatment. For the block grant, the Department is required to set aside 20% of that for prevention, and SAMHSA is overseeing this. They created a new office of recovery services, but Congress has not approved that. So, for a set of organizations having access to $12 million, next year they'll be dropped significantly for a small budget. Prevention stays pretty steady, but that has also been supported through supplementary dollars, and what goes up must come down.

We do try to be a no-wrong-door system, so the more types of these programs, the greater the likelihood that we will find people, or people will find us. How do we make our services known? One of the easiest ways is to get in touch with DMH. We've made a variety of options available to call, text, email, hit the webpages.

988. Long-term support is vital to this program that is making a difference. We can talk a bit more about 988, as it isn't just for people experiencing suicidal thoughts, but it can provide more information on the types of resources needed.

You can call, chat, and text, and during FY24 we got over 95,000 phone calls, 15,000+ texts, and there were over 5,800 chats. We were talking about the success of our programs; nationally, MO is doing extremely well in in-state answer rate and time to answer. We feel good about our efforts in this space. We also have a way of tabulating impressions, which is how often an ad or material is seen. Billboards, things on websites: There were over 133 million impressions, and up to 27 million since May 2024. In terms of spreading the message, we're feeling good about that. Also available, DMH page phone line 1 800 575 – 7480 will connect with a real person to provide treatment programs and resources.

Crisis Diversion. Behavioral health crisis centers are relatively new and are providing the better understood necessity of rapid time to treatment as opposed to delay in providing services which frequently prevents treatment, at locations where people spend less than 24 hours. They can be brought in voluntarily or by law enforcement, 19 currently in place, 5 more coming soon. We served over 41,000 people in FY24 at these centers. Medication for OUD can often be initiated as well, with positive opportunities for someone in crisis to immediately begin receiving services. There are many localities who desperately need one, want one, but geographically speaking there are some serious challenges to getting to certain places of the state. Some were brought up through community investment. We do recommend an expansion of the locations for which these efforts have been initiated to implement additional behavioral health crisis centers.

Liaisons. We have talked for over a decade about liaisons. We have more than 80 Community Behavioral Health Liaisons throughout the state, who are effective connectors between DOC and the courts, and it is a diversion opportunity. If police or sheriffs know someone, they could be assisted in safely connecting persons to services. There are also 40 youth liaisons. In terms of referrals, in FY24 there were over 20,000 referrals made to adult services, and almost 6,000 referrals to youth-based liaisons. This is how we get people connected to the treatment system at large. They work in CCBHC and some CSTAR programs.

EPICC. EPICC specifically focused on the opioid crisis, focusing on overdoses. The model is that a peer with lived experience reaches out to someone after overdosing, and so we have them in multiple locations, 24/7 on call, and hospitals utilize them for anyone who comes in who, in their assessment, has SUD. The peer model is extremely effective as a first venture into the treatment world, because if you overdosed, you likely weren't headed to treatment that day. But it's a brand-new opportunity. (A similarly funded "Network" program is funded through the Department of Social Services is proving valuable in time to treatment – see testimony from September 26).

Mobile Crisis Response. Mobile Crisis Response is something our state has long done but was reinvigorated with 988. We had an existing system, transitioning to the 988 system so we have coverage, but in terms of requests, there were nearly 19,000 referrals. Let's say you call 988 and you cannot resolve your situation over the phone. If someone thinks an in-person connection is needed, or getting them access to resources is needed, or a face-to-face intervention is needed, they can send the Response unit. It can happen in hospitals, a park, or other public location. If they are dispatched to a home, they usually take someone with them, but this means a team is going out to the individual.

Crisis Intervention Team is a program we do with law enforcement. We want to equip LEOs to better understand mental health conditions, SUDs, what they might see, and how to effectively deescalate. Those officers are often dispatched on these calls, then handed off to a CCBHC. Almost 16,000 officers total have been trained, not sure how many are still in the workforce. Over 1,400 people trained last year.

CSTAR, CCBHCs. There are also a variety of SUD treatment providers, served by Certified Community Behavioral Health Clinics (CCBHCs) and Comprehensive Substance and Treatment Rehabilitation (CSTAR). That's where you can see a doctor, counselor, receive historical trauma services; it's a comprehensive and team-based approach. Most CCBHCs do have open access, meaning you can just walk in and see someone. Logistically not possible everywhere, but they've worked hard to be as accessible as they can. Many CSTAR programs utilize a low-barrier intervention called medication-first approach. The gold standard of care is to get OUD patients on

medication first, meaning they don't have to wait weeks to get a prescription from a doctor.

All of our programs do some level of advertising. Fairs, social media, community events. Programs are good at having a local presence and being visible to their communities. A lot of school-based services as well, which allows for access after observing a child at school. Take them through whatever door they come through and try to offer services.

The CCBHC model treated over 218,000 people in 2023 and has enabled an increase in securing prescribers and getting trained on evidence-based practice. Increased use of medications by 285%. That 11,000 is primarily people with OUD, since that is what the medication approved by the FDA treats. Those receiving medication for their addiction is a tremendous help.

In Missouri, we have specialized CSTAR programs, for women and children, adolescents, opioid treatment, and general population., including 1700 adolescents. 4400 women, over 3600 in opioid treatment, and 26,000 in general population. (Rounded numbers). Medicaid only reimburses from CSTARs for treatment. At the highest level what we would provide is residential treatment with no date range for recovery.

Recovery Support Providers. Recovery support providers and the related recovery community centers provide a big bang for the buck. The Task Force got a lot of great information about recovery support providers last year, but we have organized in that there are 5 access sites, and the hub. So those in need of housing, transportation, care coordination, get vouchers from this hub and can go to providers. These providers can offer treatment if they have appropriate credentials, but this is a peer model, and this is where wraparound services come in. Transportation, for example, is a huge barrier. This is a gap-filler, and these providers do a good job of filling gaps, because not any one program can meet all needs. Over 2500 accredited recovery housing beds are provided in 120 men's homes and 100 women's homes.

Recovery Housing. These are also providers of temporary housing. Specifically, to recovery housing, we have over 2500 beds for recovery housing in the state, accredited by a national organization; there are 120 men's homes and 100 women's homes. HUD provides grants for rental and utility services for approximately 2000 households in the state. There's been a 66% increase in net applications for Social Security disability benefits, with over 80% of people applying reporting homeless housing status.

Peer Respite Crisis Stabilization initiative. In 2023, a peer respite crisis stabilization low barrier housing pilot program was relaunched – in one year, approximately 1400 individuals were served and over 3000 connected to services. Approximately 69%

received discharge housing, with the majority from recovery support providers. Funding for the program does not meet demand.

Recovery Community Centers. Recovery community centers are new, too, and right now there are 12 across the state. Since 2018, more than 136,000 people have been served. Though not treatment centers, this is where folks can go and get mutual support, sober activities, receive peer support, employment preparation. They're also a major referral source, and a huge source for Naloxone. They distributed more than 14,000 overdose reversal kits just last year. And in FY23, 31,000 people accessed services here.

Prevention. Prevention as an access point: 14% of the overall budget for substance use services. This system is organized with 10 regional centers. What is important about this is that they are then connected to over 150 registered coalitions, which can be tiny, but are boots on the ground doing prevention work. They'll speak at courthouses or churches about drug use. They work with local coalitions for technical assistance, teaching evidence-based approaches to prevention, and connect people to the larger system. Through all of these activities, connections can be made and strengthened. Last year, over 372,000 individuals served, and also a college program, Partners in Prevention, serving over 200,000 college students last year. We do know that our most recent data shows that MO students are having more trouble accessing substances and are reporting the dangers of substance use. However, the number of daily drinking students is increasing, marijuana use is steady, and a quarter of those who do use marijuana do so daily.

Challenges. Number one – transportation; Number two – housing services; Number three – jail services; Number four – crisis services. Contributing to all, crushing workforce shortages; Pick-up of one-time funding; complexity and time – It's hard to break down in 5-6 things the inherent challenges in treating those with SUD. You may have heard of SIM Mapping, happening in every county in the state since 2021, and it's a tool to identify points in the justice system where different interventions could happen, as well as to identify gaps in a given community where people fall through, getting them into the cycle of criminal prosecution. Participants rank their biggest challenges or identified priorities; the very largest is transportation, followed by housing services, then jail services, and then crisis services. Systemically, a challenge to people with mental illness or SUD, or both, transportation is a significant problem in accessing treatment. Housing is an incredible barrier. KC was the highest in the country of people unsheltered in the country who experience long-term mental illness. It cannot be overstated that there is a huge lack of affordable housing in MO, whether that's for low-income people or those with behavioral health challenges. There is a shrinking workforce, too, and while we've been successful in attracting a workforce due to the CCBHC model, we have a shortage of bodies coming down the pike.

Another challenge is that individuals have complex needs. We're not just dealing with an addiction to alcohol, for example. This is the safety net population; social problems, housing problems, legal problems, economic issues, none of which are easy to treat due to the complexity or combination of their situations.

We're hearing national reports of more young people in distress, exposed to more violence than prior generations, and the youth challenges are significant. There is also a challenge of one-time funding, but with a caveat: The department and programs will forever be grateful for any funds that help achieve their goals and provide services. There is not a steady stream of revenue for programs that need to be sustained year over year. Operating budgets need to be maintained or expanded. There are challenges to be able to expand the system, open it further.

Department of Corrections. Trevor Foley, Acting Director, and Annie Harmon, Director of Offender Rehabilitative Services.

Individualized Treatment and Recidivism. Missouri's programmatic changes to provide individualized substance abuse treatment have contributed to a drop in recidivism rates since 2008 from 44% to 30%. About 40% of all entrants are referred to substance services based on screeners, 15% of which entries indicated risk of OUD. Meth remains the most popular choice, but opioid use is rising. Just over 25% of the prison population requires psychotropic medication, and nearly 74% of these are estimated to have a co-occurring SUD. Outcomes in correctional settings tend to be very longitudinal, and it takes a while to provide good data; usually have to go to a release date from incarceration and then return to the community before being able to evaluate performances.

Range of Services. DOC offers a range of services. Moving to an effort of looking at individualized case plans. Number of criminogenic factors driving criminal activity, with SUD being one of those. Comprehensive wraparound care, based on an individualized assessment of a person's needs, allows us to target which elements of treatment shall be prioritized.

The biggest evaluation tool that we use to evaluate success is our recidivism rate, which has always been a real problem in comparing data across states. The Council of State Governments released a comprehensive reincarceration and recidivism study to compare rates across the country, and Missouri saw the fifth-largest drop to a 30% rate as of the most recent data. Much of that reduction in the rate has occurred because of the rewriting of the Criminal Code, the justice reinvestment initiative, and those generated cost-avoidances have allowed for the reallocation of funds toward services.

With fewer people incarcerated, our annual requests for the costs of doing business, have freed up resources that can be reinvested in other ways.

Expanded Services. DOC has focused on expanding substance use treatment programs, ensuring those programs are evidence-based, individualized, and able to receive services in a timely manner. It has implemented an instrument that screens for substance use at diagnostics centers as soon as people become incarcerated. The Department, with treatment providers, has gone to a vendor-based model, resulting in all of treatment being provided consistently by the provider Gateway. Their model focuses on individual needs, the use of peer support, continuing education, family and community resources, and aftercare following the completion of treatment. As soon as they're assigned, they do an individual assessment to ensure they are getting the needs of the offender met. Gateway also has a robust reentry team, meeting with offenders transitioning back into the community to ensure their treatment plans can be continued. Priorities are to ensure the timeliness of services and continuation of care. Historically, when an offender became incarcerated, they'd need to be court-ordered for treatment. With community providers and Gateway, if a resident has a need to get services, they can be referred to treatment as well. So, they can meet with a clinical team and do tests there, then get treatment ordered. This gives more people the opportunity to get their needs met by services. This was a programmatic change, not a statutory one.

Problem: complicated criminal sentencing. There is, to some extent, a resource issue. With fewer issues, if you're not incarcerating people, a lot of criticism from law enforcement comes from a lack of understanding of criminal sentencing. Missouri has some of the most complicated criminal sentencing laws in the country, and there is a misperception about the nature of a sentence and the length of time spent in prison. The outcome not being what's expected drives much of that concern. They don't understand how a criminal sentence translates to a portion of that sentence served on probation. Maybe we need "transparency in sentencing" rather than "truth in sentencing".

Reentry Services. A lot of offenders do transition out, so that's why DOC wants to ensure access to resources in communities as well. There are institutional treatment professionals at each of the facilities who will meet with offenders, have counseling sessions, group sessions, and meetings for referrals to treatment. The goal is to ensure the offenders with SUD or OUD are seen by a clinician, provided MAT, and are given access to those one-on-one treatment services. This has helped take that turn with SUD issues inside of the facilities. Offenders on 6 months or less, have a pre-release focus, but that's been expanded at the beginning of this month. Where there is a need, they can get prescribed MAT and then referred to the health provider or the institutional treatment provider for counseling.

With Gateway, if someone is provided MAT, they have that reentry team to connect them to resources and focus on their treatment plan. We also have regional behavioral health care specialists, working with probation and parole officers and community providers on behavioral health, substance use, and other kinds of needed programs.

The goal with reentry services is to remove as many barriers during incarceration and schedule as much support as needed prior to reentry into the community, participating in a nationwide initiative ensuring access to reentry services, good on collaboration with state and local agencies, and community partners. It is about partnership, and we as a department rely on state agencies to provide services from the Department of Higher Education and Workforce Development; their staff helps with work training, a platform called Career Edge for exploration, new assessments to see their skillsets, and that's the partnership we provide. DSS also helps with TANF and Medicaid applications before they are released so they're ready to transition. Not only are they getting enrolled in Medicaid, but also have a birth certificate, non-drivers' licenses ID cards, SSN cards. Everyone being released in the next five years will need a REAL ID. With all of this being said, substance use is a major part, because if there isn't a treatment plan, they won't be successful in their transition. So much relies on each other and is integral, going back to that collaborative effort in partnership.

Most of the national conversation, like Missouri, is focusing on individual care. There are a lot of programs and resources, more going to this than the corrections world has ever seen.

Biggest Problems. Transportation and housing remain the biggest challenges. Ideas the director has been hearing include DOC building, supplying, and operating housing (only TN has rolled it out). It's more than just housing, it's supportive housing, a supportive environment with source availability on site. The services we focus on inside of the facility is getting the offenders ready for employment upon release. We need vocational planning, employers willing to hire offenders with the right skillsets, and want to release people based on where employment can be achieved. But that's where these struggles come from, because they rely upon these for their success.

III. Hearing from August 28, 2024

Persons Testifying: Paula Nickelson, Ben Terrell, Heidi Miller, Valerie Howard, Sarah Ehrhard Reid, Department of Health and Senior Services; Annie Legonsky, Mary Fox, Missouri State Public Defender system; Eric D. Jennings, Missouri Supreme Court; Richard Morrisey, Office of States Courts Administrator

Director Paula Nickelson, Legislative Liaison Ben Terrell, Department of Health and Senior Services:

Unacceptable statistics describe the high cost of substance use Missourians and Missouri: 14,088 people have died from overdose since 2016, ranked #32 amongst all states for overdose death rates in 2022. Overdose is the leading cause of death for adults 18-44 in MO, and of the 1,948 deaths from overdose in 2023, 73% were contributed to opioids. In 2022, death rate was 9.1% higher than US rate of overdose deaths. Data from 2019-2021 about maternal mortality indicates about 28% of pregnancy related deaths have substance use disorder as a contributing factor. In 2022, 6275 nonfatal emergency room visits from drug overdoses were non-opioid, which was 60% of all drug overdose emergency room visits., 37% of which were self-harm. Why is this important? The burden of overdose impacts families, communities, and health care systems. All genders, age groups, and races are impacted. People are using drugs to help underlying issues with the rise of infectious diseases such as HIV and STIs.

Misunderstandings impact program effectiveness. Programs are often plagued by misunderstanding relating to increased drug use and crime rates. Syringe services programs are safe, effective, and do not lead to rising crime or drug use rates. They also provide various services including access to free sterile syringes, screening for infectious diseases, opioid overdose prevention education, and provide naloxone, as well as linkages to physical and mental healthcare. Reduce the spread of disease and overdose, providing care to people who might not typically be engaged in health care. Also assist to protect first responders and the public by providing safe disposal sites.

The Missouri State Standing Order for Naloxone was updated June 3, 2024, were standing order for an opioid antagonist, with appropriate protocols

Cannabis use. The Task Force also recommended more investigation into cannabis use and its effect on public health. There is being developed public listening sessions to gather input from stakeholders, then will issue draft rules for public feedback. Gov.

Parson's executive order 2410 relating to unregulated psychoactive cannabis products required DHSS to embargo and condemn any food containing unregulated psychoactive cannabis products. We're posting FAQs and a complaint portal is underway for reporting these problems. The Missouri Constitution prevents the General Assembly from regulating the amount of THC in marijuana products.

Timing of Care. In its follow-up testimony, the department identified a lack of access to services after hours. Of the 815 suspected overdose cases identified in August 2024, 498 occurred outside normal business hours. After-hours response is often conducted by first responders, and difficult and time-consuming tasks impact emergency interventions. Connections to emergency care need to be updated. Missouri does not have a statewide platform to provide an integrated approach between mobile apps for behavioral health care. The Kansas City health department is piloting such a program.

Transportation. In its Missouri Overdose Strategic Plan, DHSS received comments addressing better management of housing and transportation services. In its follow-up testimony, the department said it was aware of only two effectively provided transportation services – one of which is in west central Missouri and one in the St. Louis area. Additionally, the department was aware that Washington County had implemented a mobile integrated care model in partnership with an EMS agency and a federally qualified health center. Telehealth can be used to combat transportation issues including for substance use disorder treatment.

Valerie Howard, Chief of Bureau of Community Health and Wellness, and Sarah Ehrhard-Reid, Chief of the Office of Women's Health.

Prevention and Data Collection. Prevention trainer hampered by the fact that death investigations are decentralized in Missouri. Coroners and medical examiners do not report to a single entity for oversight. As result, programs responsible death investigations such as Intentional Drug Overdose Reporting System, and Pregnancy Associated Mortality Review Program must connect individually to obtain records. The results are burdens to the individual coroners and medical examiners and can result in incomplete data.

CDC funding and Prevention. For overdose prevention and response, there are few funding sources, including from CDC. The purpose of CDC funding is to expand overdose surveillance and prevention efforts, tracking overdoses, emerging drug threats, and associated risk factors and enhance bio-surveillance and data linkage, as well as promoting evidence-based strategies aligned with rapid shifts in overdose trends and using culturally relevant interventions and ensure equitable delivery of prevention services.

Surveillance Activities:

- Infrastructure: improving overall capacity to surveil
- Morbidity: collect and disseminate timely data from ERs and hospitals
- Mortality: collect and disseminate timely data on unintentional and undetermined intent overdose deaths
- Bio-surveillance: conduct toxicology tests on samples for nonfatal overdoses

Infrastructure Activities:

- There is a significant amount of info and data on the website, based on region, fatal vs. nonfatal, neonatal considerations, naloxone distribution, and fact sheets for each one of these and county-level fact sheets as well, sharing data on overdoses.

Morbidity Activities:

- Patient Abstract System conducts surveillance for nonfatal overdoses using ER and inpatient data, then uses data to provide resources to areas and groups most in need.

Mortality Activities:

- Track fatal overdoses using the vital statistics death files, and work with county coroners and medical examiners to get toxicology reports (voluntary and incentivized).

Prevention Activities:

- PDMP: contracts with the MO Hospital Association to support clinician education and ER based linkage to substance use treatment and care, as well as supporting statewide PDMP efforts.
- Harm Reduction: contracts with LPHAs for local-level activities, offer Harm Reduction 101 training and technical assistance to anyone who is interested, education and awareness campaigns, and harm reduction navigation contract to help those most disproportionately impacted by overdose.
- Public Safety partnerships: overdose fatality review is a locally based, multidisciplinary process for understanding the risk factors and circumstances leading to fatal overdoses and identifying prevention opportunities.
- Community-based linkages to care: transportation initiative in collaboration with DMH.

MO Coordinating Overdose Response Partnership and Support (MO-CORPS):

- Work with first responders and public health agencies to reduce overdose deaths through the coordination of overdose response partnerships

- Evidence-informed training for first responders
- Prioritize the 20 highest need counties
- Linkages to care through community behavioral health liaisons and EPICC referrals

Vulnerability Assessments indicate:

- More vulnerable to opioid overdoses in 2022: Madison, New Madrid, Pemiscot, Scott, and Stoddard counties
- More vulnerable to bloodborne infections in 2022: Callaway, Greene, Laclede, Randolph, and Stone counties.
- Overlap: Benton, Buchanan, Butler, Crawford, Dent, Dunklin, Howell, Iron, Mississippi, Phelps, Ripley, St. Francois, St. Louis City, Taney, Texas, Washington, Wayne, and Wright counties.
- Significant increase in the SE part of the state, with 24 of 28 of the most vulnerable counties being in the southern part of the state. Resulting from social determinants of health where people live, work, and play. Jobs, access to services, education, transportation, loss of rural hospitals and health care facilities.

DESE

Provides support programs to prevent youth substance use through drug abuse resistance education materials and programming for school drug awareness, including cannabis initiatives for youth.

Missouri Supreme Court

Support programs focused on medication-assisted treatment for those with SUD relating to alcohol and opioid addiction through Treatment Courts Coordinating Commission agreements with drug courts, DWI courts, veteran's courts, mental health courts, and other treatment courts.

Tobacco Control and Prevention

- Cigarette smoking is the leading cause of preventable disease, disability, and death in the US
- Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined
- 11,000 Missourians die each year from smoking related illnesses
- 1,150 Missouri adults die each year from exposure to secondhand smoke
- Missouri spends $3.5 billion annually to treat smoking-related diseases and $7.1 billion on lost productivity
- Missouri ranks 7 in the country for the number of adults who smoke

- Missouri has the lowest tobacco tax in the country, ranked 51st, at $0.17 per pack of cigarettes (national average is $1.83 per pack, next lowest is Georgia at $0.36 per pack).
- Missouri's Medicaid has the best access to cessation services in the country, with access to all 7 evidence-based medications.

Best Practices Relating to Tobacco use: In its follow-up testimony, the department identified Smoke Free Air Laws in 28 states that do not allow smoking in public places, correlating to preventing tobacco use initiation and use, reduced secondhand smoke exposure, and prevalence of tobacco use and up to a 70% reduction is hospital heart attack admissions. Tobacco free school district policies have similar results.

Next to Rise Youth leadership program:

- 7 schools participating
- 140 students trained in tobacco and vaping prevention, public speaking, networking, and advocacy skills

Community Conversations:

- 110 youth and adults participated in listening sessions held in 6 sites throughout the state where they discussed teen vaping and strategies to end the epidemic

Behind the Haze – "Choose Not Worse"

- 59,787,551 impressions delivered

Behind the Haze "Off"

- 49,591,356 impressions delivered

222 K-12 schools and 2 colleges enhanced their policies to be more comprehensive by always prohibiting the use of all tobacco products, by everyone, everywhere on campus.

Cessation promotion includes 10,441 calls to the quit services hotline, Baby and Me Tobacco Free participation, and 7 behavioral health facilities participated in the Missouri Tobacco Health Systems Change Behavioral Health Community of Practice.

- Tarkio passed a comprehensive smoke-free ordinance
- Salem passed a comprehensive smoke-free ordinance for all city-owned facilities and property, including parks
- 3 cities are working to pass a smoke-free ordinance

<u>Women's Health</u>

Perinatal Quality Collaborative (PQC)

- 2nd cohort of the Maternal-Infant Dyad Affected by SUD and implementing Eat, Sleep, Console for infants born with NAS
- Consists of leaders across the state committed to improving maternal health outcomes
- First cohort included 22 hospitals participating in this effort, representing over half of Missouri births

Comprehensive Care for Women

- Goal is to increase the capacity of hospitals and other providers to offer care to moms with SUD
- DHSS will contract with University Health Truman Center and Mercy Hospital System in St. Louis. These will offer in-person and telehealth care to moms across the state using their network of hospitals and providers
- Care will include wraparound support to help moms with both their pregnancies, substance use disorder, social health needs, and other health conditions
- SUD is one of the leading causes of pregnancy-related death in Missouri

Related: Adverse Childhood Events (ACEs) such as experiencing violence abuse or neglect, or witnessing violence in the home, growing up in a homeless substance use, instability due to parental separation and incarceration, and adequate food, unstable housing and discrimination are linked to change in brain development and chronic health problems mental illness and substance abuse in adulthood.

Baby and Me Tobacco Free (BMTF)

- Served 133 individuals in SFY24. 93% of babies born were at normal gestation, which is better than the state average for all births at 89%. Preterm birth is associated with increased healthcare costs
- The women's health program uses telehealth to support moms across the state. Moms from 50 different counties received services.

<u>Communicable Diseases</u>

Disease intervention specialists (DIS)

Substance use, directly or indirectly, leads to increased transmission of HIV, STIs, and viral hepatitis.

DIS have been trained in harm reduction techniques and can leave behind naloxone kits, educational materials, risk-reduction supplies, and at-home HIV test kits.

Recent increases in syphilis and congenital syphilis, when a mom passes the infection to her baby during pregnancy or at birth, have been related to substance and injectable drug use. In its follow-up testimony, the department reported the number of early syphilis cases reported in Missouri increased by 345% from 2016 to 2023. Congenital syphilis increased from 2 in 2015 to 94 in 2023. A recently developed prevention strategy, Doxycycline post exposure prophylaxis, has been shown to reduce infections significantly. The group experiencing the largest increase in syphilis infection is white, heterosexual Missourians in rural areas this date. A contributing factor is injection drug use, particularly methamphetamine, with the related risk of passing the infection to babies.

For FY25, the legislature provided opioid settlement funding for three additional DIS positions, which will prioritize pregnant women diagnosed with syphilis or HIV to reduce the risk of transmission to the infant. These will be in St. Louis, Springfield, and the Kansas City area.

Office of State Courts Administrator. Eric Jennings, government relations counsel for the state supreme court Indicated support for the Mental health treatment court legislation, the chair's sponsorship and the House passage thereof.

Richard Morrissey, Deputy State Courts Administrator. Discussing treatment court program appropriations.

A person volunteers to participate in the program and is provided with treatment resources and supervised through drug testing as well as directly, with statewide standards to follow to operate. In follow-up testimony, Mr. Morrissey indicated that OSCA staff is the process of recommending allocation strategy for funding to the Treatment Courts Coordinating Commission for funding treatment programs focused on medication assisted treatment for Missourians with SUV related alcohol and opioid addiction. These funds are requested to be awarded to treatment court programs in fiscal year 25. The Missouri Treatment Court program judicial circuit contact list is included in the exhibits to this report.

Missouri State Public Defender. Mary Fox and Annie Legonsky.

In representing about 80,000 cases per year, many come with SUD or mental illness, and all come with poverty issues. In 2022, Ms. Legonsky, who was working as an attorney and in treatment court, developed a program trying to connect clients to services by working with their attorneys. There is no state funding that is specifically for this program; we take in the funding we have for legal representation and have applied for grants to assist in this program. AmeriCorps program has been a huge help. Trying to bring this to every office in the state, which has 33 different trial offices; the ability to

be connected with an advocate with the goal for these people not to become clients again. Too often, people come back. Once we meet them, if there is something they need, we can connect them. Plan to request 45 mitigation specialists to go into all offices, about $3 million per year, and they to connect clients with service in community, ensure transportation, and help with other needs.

After doing an evaluation of what has been done so far, an outside organization found that of the seven offices evaluated, there has been about $15 million saved in costs to the state, extrapolated to over $60 million statewide. It cannot be overemphasized the greatness of the community safety element, here, too.

IV. Hearing from September 26, 2024

Persons testifying: Dustin Hampton, Heidi Miller, Pat Simmons, Department of Health and Senior Services; Perry Gorrell, Department of Elementary and Secondary Education; Shawn Billings, EPPIC; Emily Kalmer, American Cancer Society; Brendon Steenbergen, Shelley Taylor, Marsha Hawkins-Hourd, Missouri Coalition of Recovery Support Providers; Anthony Mingo, Washington County Ambulance District; Ashley McDonnell, Dawnelyn Schneider, Central Ozarks Medical Center; Cynthia McDannold, Missouri Primary Care Association; Jill Taylor, Deanthony Henderson, Family Care Health Centers; Angela Kearns, Elizabeth Eye, Great Mines Health Centers

Department of Health and Senior Services.

Substance Use in Missouri. Drug overdose is a leading cause of death among Missouri adults aged 18 to 44. In 2023 there were 1948 overdose deaths, down from 2180 in 2022. The Missouri Patient Abstract System monitors non—fatal overdoses. In 2022 there were 10,783 nonfatal visits, more than half non-opioid related. In the fiscal year 2023, there were over 6000 EMS Naloxone uses. Southern and particular Southeast Missouri were found to be most vulnerable for opioid overdose and related blood-borne infections.

Prevention activities include contracting with the Missouri Hospital Association to support clinical education and harm reduction training. Between 2022 and 2024, approximately 8000 persons were trained for Naloxone distribution, and over 7500 Naloxone kits were provided to first responders and left behind, and over 39,000 with local Public Health agencies. In 2022 two thirds of all drug overdose deaths involved synthetic opioids (fentanyl). Fentanyl test strips have been distributed for harm reduction.

Substance Use Disorder Grant Program. In fiscal year 2024, four new recovery community centers, community and youth behavioral health liaisons, peer respite services and evidence-based youth substance use and alcohol abuse prevention have been implemented in conjunction with the Department of Mental Health; education materials have been provided in programming for cannabis awareness with the Department of Elementary and Secondary Education; to the Supreme Court, medication assisted treatment to the treatment courts, veterans courts have been supported.

The cannabis prevention and education campaign will be launched by the end of the state fiscal year. Cannabis use among college students is up in 2024 to 32%, with edibles constituting 25%. Among middle and high school students, from 2010 to 2022, the percentage of students in grades 9-12 have ranged from approximately 10% to 20%.

Tobacco. Cigarette smoking is the leading cause of preventable disease and disability in the United States, and kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined. 11,000 Missourians die each year from smoking-related illnesses. Missouri spends $3.5 billion annually to treat smoking-related diseases with $7.1 billion lost on productivity, Missouri ranks number seven in the country for the number of adults who smoke. Smoking cigarettes is down with high school students, but e-cigarettes are up to 21.3%. Missouri's tobacco tax is ranked last among the states, at $.17 per pack, compared to the US average of $1.93. Prevention education strategies have been implemented with limited funding.

Drug use and related diseases. As we have seen substance use increase, we've also seen rising rates of viral hepatitis and syphilis, affecting different populations. Traditionally we would see this among gay men in urban areas, but now it's increasing in rural Missouri among straight white individuals, the compounding factor being injection methamphetamine use. It isn't just meth, most of the meth includes fentanyl, which leads to an overdose. DIS, which is across the state, investigates new cases of HIV or syphilis, ensuring people who are newly diagnosed are linked to care, or linked to HIV primary care, getting those to an undetectable level. People don't transmit to other people at that point. Providing test kits to determine status and get them into care.

Congenital syphilis has become a big concern nationwide and across the state; in 2017 we had 2 cases of congenital syphilis, and there was a conversation about missing the opportunity to treat it. Now we have 94 cases, across urban and rural areas, across all demographics, impacting the entire state. Some of the big compounding factors include substance use and lack of housing instability. There is a statewide syphilis advisory group and congenital syphilis review board to review missed opportunities to intervene. Mom needs to get treatment started 30 days before delivery in order to become 100% preventable.

Treatment regimens exist for babies born to moms with HIV don't contract the virus, so we want to continue getting those moms into treatment, doing so by working with partners across the state, local health agencies, FQHCs, nurses providing treatment in the field, and maintaining regular contact with moms to find her on a weekly basis to meet with the nurse to get treatment.

Approximately 32% of people injecting drugs become positive with Hep C within 1 year, and 53% contract it within 5 years. Our programs have provided rapid point-of-care antibody testing, and there is little federal funding for this, but CDC has provided some funding to allow for confirmatory testing through the state public health lab for the first time. It requires a second test to determine infection, and in this last session, we received a little over $288,000 from the Opioid Settlement Fund to help supplement. This will fund about 11,000 kits working with ERs, LPHAs, and FQHCs to provide that

testing. Working with Mizzou ER to implement opt-out testing, where everyone should be tested at least once, and this is a standard test provided to everyone unless someone says no. These are good ways to find people who didn't know they were at risk, as it can be silent for many years.

Controversy over programs. Some of the things that have been controversial to this body, like syringe services or harm reductions, are very effective and studied ways to prevent hepatitis and HIV. As people access services, they're more likely to get health care and SUD treatment, as they have welcoming places to come in, they're more willing to try to stop using.

One recommendation we did submit is funding for doxycycline, going back to STDs. It's recognized as a regimen for doxy-pep, preventing chlamydia, gonorrhea, and other infections. We work with 180 sites to provide STI testing and treatment, LPHAs and FQHCs, and other places that could provide clean needles in the future.

We are working with DSS and MO HealthNet to get people treated for Hep C to prevent future transmission, with patient navigation to newly diagnosed people, our goal is to drastically reduce the number of cases across the state.

Graduate Medical Education Program, Pat Simmons

- Two considerations:
    - Current shortages in health workforce
    - Availability of workforce to provide needed services to treat SUD.
- Missouri has 900 health professional shortage areas (HPSAs), 295 of these being mental health, so there is a need to add at least 600 primary care physicians and over 100 psychiatrists. Missouri exports nearly 1/3 of our medical students to residency programs in other states. We need over 350 residency slots to get our students to stay in the state. Physicians are likelier to stay in the state in which they trained, and over half of students who complete their residency here ultimately stay to practice.
- Addressing the consideration on treatment services, about 1 in 7 people diagnosed with an SUD got treatment. The main driver is a reluctance to treat, which is influenced by a lack of training in medical school and residencies.
- In 2023, the Missouri legislature established a grant program to support expanding existing residency programs. In the first year, the department awarded 5 grants, supporting 9 new slots for the duration of the resident's training period, with $2.2 million. Additional funding will be required to continue the Graduate Medical Education program. Over the next 10 years, this program will support over 90 new residency positions.
- GME programs receiving grants and contract dollars have a new training requirement, including for addiction training, established in response to the high prevalence of SUD.

- Also working on additional partners, key stakeholders in GME partner groups, and other state departments.
- New programs support new accredited residency programs in primary care or general surgery, with 8 weeks training in addiction and 8 weeks of training in a rural area. This helps sustainable expansion of rural facilities.
- We need over 1000 physicians, with states needing to take it into their own hands. Wisconsin generates over 140 new graduates per year with in-state retention and rural retention. Over 2000 lost physicians are expected. Some states have not invested in GME, we're starting with 9 per year. We are scrambling to make a difference, an evidence-based way to increase the workforce.
- We also need to work on retention, encouraging it, by loan forgiveness, which is key to the cost of medical education. We are adjacent to eight other states, and our two largest metropolitan areas easily hemorrhage to other states. Kansas has a very robust loan forgiveness program, for example. Our own loan forgiveness program is just not enough at this point. J1 visa waivers are restricted to 30 per year, which is a brain drain for us. We are training international medical graduates, who are home-grown trained in MO, then we send them back. We need more J1 visa waivers, which is a federal issue.
- In connecting communicable disease and SUD, the key example is congenital syphilis. If a woman is addicted to substances and pregnant, she is less likely to get prenatal care. Also, about Hep C, many people can have it and not know it. It is life-threatening, but it takes a while to get sick and die from it. The rapid testing can lead to being cured in 8 weeks, and it enables those folks not to transmit it.

Missouri Primary Care Association.

Missouri Primary Care Association (MPCA) is the member organization for Federally Qualified Health Centers (FQHC) in Missouri. Beginning in fiscal year 2024, the SUD Network Grant, Funding program has seen patients grow from 1031 in Q2, to 2494 in Q4. The goals are to increase the number of individuals connected to substance use treatment, build community partnerships to provide access for community resources to support prevention, treatment recovery, and establish referrals and feedback loops between FQHCs and other partner providers. The Network program provides collaboration with hospital systems to facilitate patient transmissions from hospital care to outpatient services by embedding FQHC staff at hospitals. The partnership with nonprofit CCBHCs provides transition housing, using peer specialists and Community Health 30 workers to engage in employment, transportation and develop life skills. Most recent fiscal year funding allows expansion of the network program from 5 to 8 health centers. In total, total common in 2023 there were 200 FQHC clinic sites, with over 2 million patient visits, and over 9000 patients receiving medications for opioid use

disorder. Over 50% of FQHC patients are HealthNet members, and 16% were uninsured.

One network site, for example, Central Ozarks Medical Center, distributed over 7000 Narcan doses, over 2000 fentanyl test strips and held over 1300 school-based behavioral health visits. Medication Assistant Treatment appointments in 2023 were nearly 2000, and treatment court services in the form of group therapy and individual therapy, peer support and MAT were provided, and mentor peer support coaches were provided in coordination with EPICC. A significant effort is wraparound services that support housing, rent assistance as well as recovery treatment. Similarly, Great Mines Health Center was involved with the 24th Judicial Circuit Treatment Court serving to date 166 participants with MAT, behavioral health, other healthcare and wraparound services and cognitive behavioral therapy. Treatment court graduation rates are 33% at the family treatment court program and 80% with the adult/DDR/veteran court treatment programs.

With regard to the critical need of transportation, Washington County's ambulance district's Mobile Integrated Healthcare network in partnership with the ambulance district and the FQHC is the first of its kind. The mobile integrated healthcare network provides medical and non-medical services, including transportation, access health insurance coverage, insecurity, telehealth appointments, nonemergency transportation and public health.

DESE

- Maternal substance abuse training:
    - Parent education programs, overseen by Office of Childhood.
    - Federal grant received through DMH, in year 4 and approaching the end of the grant.
    - FY24, expended $195,000. This year's budget has a new decision item to allow us to spend about $560,000 to get the remaining funds spent in fiscal year 2005, attendance and impact measures will be used to measure efficacy.
- Recovery high schools, currently 24:

Secondary schools designed for students recovering from SUD and co-occurring disorders, these share the following goals:

        - Educate and support students.
        - Meet state requirements for diplomas.
        - All students are working on a recovery program for SUD.
    - $500,000 appropriated but could only be spent in Clay County. We had no one within Clay County who accepted the application. These are for wraparound services, most of which comes from DMH. We are to oversee

the operation of the school, and DMH is about the other supportive services.
    - New geographic locations in 29 counties to be eligible going forward.
    - DMH using opioid settlement funding is what will help with sustainability, but it isn't guaranteed.
    - Recovery high schools have shown 20% higher graduation rates, 17% lower dropout rates and twice the likelihood of complete abstinence. Any metro area high school with SUD recovery can apply and students 18 years and older may self-refer.
- Health investment fund:
    - New to us this year, partnership and MOU with DHSS, education resistant materials, intentions being to support programs across the state and working on an MOU with a nonprofit that oversees all the training across the state. The cohort that does it is made up of 30 people and costs about $70,000. We want to expand resources for that entity.

EPICC (Engaging Patients in Care Coordination)

- Community health needs assessments are done to derive benefit for nonprofit hospitals every few years. Sample was 75 hospitals, and the big concern is behavioral health, by far.
- Mission: provide 24/7 referral and linkage to services for people who use drugs who present to a hospital for an overdose or other substance use crisis to establish immediate connections from the hospital to community-level care coordination. Peers have been there, done that, and have that knowledge. The model is framed on evidence-based model known as SBIRT (Screening, Brief Intervention, and Referral to Treatment)
    - Screening;
    - Overdose education/naloxone distribution;
    - FDA approved medications for SUD;
    - Warm handoff with recovery support; and
    - Connection to treatment for SUD.
- EPICC has 38 hospital partners around the state, and 27 community partners, divided among its six regions. There are 390 average monthly (4602 referrals in fiscal year 2024) referrals between EPICC and its partners, service by its approximate 35 Certified Peer Specialist. Additional funding in fiscal year 25 allowed the hiring of five additional Peer Specialists. He
- Programming goals
    - Addressing social determinants of health, such as housing, food, transportation, and other barriers to recovery support and treatment;
    - Integrating harm reduction practices into programming, such as providing individuals overdose education, opioid overdose reversal medications;
    - Connecting people to recovery community centers and other recovery supports to establish pro-social outlets; and

    - Linking individuals to evidence-based substance use treatments.
- What's working well
    - Easy process for referral;
    - Peer recovery coaches with lived experience;
    - Timely response at all hours;
    - Warm handoff;
    - Individualized support and case management; and
    - Connections with service providers in the community.
- Importance of opioid overdose reversal medications and medications to treat alcohol and opioid use disorders
- The "Care Cascade" for patients with OUD and serious injection-related infections
    - Objectives
        - To define the care cascade for patients in a tertiary hospital system and compare outcomes of those who did and did not participate in an OUD treatment referral program.
    - Results
        - During the study period, 334 people who inject opioids were admitted. 14 admitted patients died and were excluded. The all-cause readmission rate was lower among patients referred to the EPICC program (23.7%) compared to those not referred to EPICC (41%).
        - Conclusion. An OUD care cascade evaluation demonstrated that referral to peer recovery services with outpatient OUD treatment was associated with a reduced 90-day readmission rate.
- Looking Ahead in 2025
    - June-July 2024
        - Provide technical assistance and ongoing support to the newly established EPICC program in the SE region.
    - July-September 2024
        - Support EPICC enhancements in the central, SW, and western regions, i.e. assisting with the onboarding of five additional certified peer specialists.
    - October 2024-March 2025
        - EPICC staff will be offered specialized maternal health training via the Missouri Credentialling Board, i.e. Pregnant and Parenting Families.
    - Spring/Summer 2025
        - Convene third annual statewide EPICC convening.
    - Q3 2025
- Support statewide EPICC evaluation, with timelines contingent on securing and sustaining necessary positions to conduct program evaluation.

American Cancer Society

- Tobacco is the number one cause of preventable death in the US.
- Economic impact:
    - $3.25 billion in direct health care cost including nearly $700 million in Medicaid costs;
    - Smoking costs $7.1 billion in productivity costs annually; and
    - On average, Missourians pay $1203 per household in state and federal taxes from smoking-caused government expenditures, whether they smoke or not.
    - In FY 2023, Missouri budgeted 2.9 million dollars for tobacco cessation and prevention, increased by $350,000 in FY 2025. By contrast, tobacco marketing in Missouri is 344 million per year.
- Effective policies
    - Significantly increasing tobacco excise taxes on all products. As of July 1, 2024, the average state tax is $1.96, Missouri's is $0.17.
        - Should be more than $1 increase. Impact use, initiation by youth, and lead to quittance.
        - The tobacco industry has all sorts of strategies to mitigate some minimal taxation increase.

Coalition of Recovery Support Providers (Recovery Support Services (RSS) providers and Recovery Community Centers (RCC)

- Distinction between addiction recovery treatment and recovery support services
    - Importance of understanding addiction recovery strategies:
    - Addiction recovery treatment:
        - Clinical interventions for immediate symptoms (detox, counseling, MAT);
        - Conducted in residential or outpatient clinics; and
        - Significant investment.
    - Recovery support services
        - Non-clinical, community-based support after treatment.
        - Types:
            - Peer recovery coaching;
            - Sober housing;
            - Employment and education support;
            - Transportation services; and
            - Family and social support.
        - Delivered in non-clinical settings like RCCs and peer networks.
        - Research shows RSS reduces relapse and promotes long-term success.
    - Recovery community centers:
        - Peer-run organizations providing support and resources.

        - 12 RCCs in Missouri, serving over 24,000 people annually.
        - 5 peer respite crisis stabilization programs served 1,401 unique people.
    - Missouri recovery support service programs:
        - Designed to follow treatment services; and
        - 60 DMH contracted RSS providers and 5 access sites by the end of 2024.
        - At the end of 2022, recovery support services had 205 houses with 2304 beds. In 2023, Recovery Support Providers accredited 53 new houses and 624 new beds, with a total of 3392 individuals served in recovery housing in 2023.
    - NARR Accreditation:
        - MCRSP accredits recovery residences in the state.
        - Growth in active houses and beds.
- Evidence supporting RSS:
    - 50% more likely to remain abstinent with peer recovery support.
    - Combining housing support with coaching increases employment rates.
- Cost of relapse without RSS:
    - Cycle of treatment episodes, ER visits, incarceration.
    - Government costs: criminal justice, health care, and assistance programs.
- Benefits of RSS: Rebuilds lives and self-reliance.
- Financial Needs and Justifying Additional Funding:
    - Need for increased funding:
        - Current gaps: regions deferring assistance due to exhausted resources.
        - Request for additional $6 million towards RSS Services:
            - Ensuring access to existing sites and expansion to rural areas.
        - Request for $3 million for Recovery Community Centers:
            - Sustain and expand crucial hubs of recovery.
            - Open new centers in underserved areas.
    - Comparison with other states:
        - Missouri has 12 RCCs, Massachusetts has 39, and Georgia has 25.
    - Outcome statistics for individuals in RSS services at six-month follow-up:
        - 84% abstinent from alcohol and illegal drugs.
        - 97% in stable housing.
        - 73% employed or in school.
        - 98% with no new arrests in 30 days.
    - Research by John Kelly, Harvard Medical School:
        - Ongoing recovery support services reduces time to reach quality of life from 15 to 5 years.
    - Return on investment:

        - $1 spent on recovery services saves $7 in healthcare, criminal justice, and productivity costs.
        - Individuals in recovery contribute to the economy (jobs, taxes, family and child support).
- Final Key Points:
    - RSS and RCCs are not luxuries, but necessities;
    - Additional funding is critical for addressing the addiction epidemic;
    - The combined effort of state, nonprofit, faith-based leaders, community programs, peer-led support groups, and civic facilities is crucial; and
    - Investing in recovery services saves lives, strengthens communities, and makes MO a model for long-term recovery support.

V. Hearing from October 29, 2024

Persons testifying: Melissa Kroll, Washington University; Rachel Winograd, Greg Boal, Jameala Jones, University of Missouri-St. Louis; Clay Goddard, Amanda Mays, Brightli SW Region/Burrell Behavioral Health; Scott Allen, Ashley Dedmon, Lora Smith, Webster County Health Unit; Sue Haverman, Catholic Charities St. Louis

Treatment in Place and Alternative Destination for EMS Melissa Kroll, M.D., Washington University

Innovating EMS systems to better fit into healthcare systems. I was leading these discussions for the National Association of EMS Physicians, experimenting with federal pilots. I want to bring that back here to MO; I think this is something benefitting us here. To understand this better, we need a better understanding of what EMS looks like.

EMS only gets reimbursed if they transport. That system is a good one, but not the majority of EMS calls; up to 65% of emergency department calls didn't need to be seen in an ER at all. Also get called for things like anxiety, high blood pressure, alcohol abuse, things that require access but don't need to be treated in an ER.

Paramedics and EMTs go through hours, sometimes months, of training before going on an ambulance. They give reports and communicate with health systems, so we want to provide better ways for those systems. We want to offer more options and more locations for transport. It doesn't take an ER doc to schedule a dentist appointment. We can have paramedics identify what's happening, and they do the necessary service. There was a federal pilot program on this in 2020, allowing for reimbursement for the transport to an alternative destination. It also allowed EMS to be reimbursed for in-home consultations. That patient could be assessed by someone at home, get scripts sent to their pharmacy, all without leaving. Over 100 agencies applied, and it was found to be safe in all of them.

The other thing is that patients enjoy additional options, 90% of patients reported having really liked it, and would recommend this type of system for themselves, families, and friends. Also, quite a bit of savings; going to the ER adds cost, and by making things more efficient, we can boost savings. A cost evaluation of the program found savings when allowed to use systems more flexibly, after the EMS was paid, after the physician was paid, and after the urgent care visit was paid after all were reimbursed.

This has been adopted in many states, adopting reimbursement models. TX, CA, GA, KY, MN, etc. We have a limited form of this pilot in MO, and we can do alternative destination and treatment in place for psychiatric and behavioral health calls. This has made a world of difference, but doubly so from a patient's perspective. We have a better

option. Crews spend time talking to the patient, connected them directly to a counselor through a behavioral health line, all while keeping the patient in home.

Another population we forget about is those who refuse to go to the ER, with about 35% of all nationwide calls ending in refusal. A lot of patients refuse even with real health problems. More healthcare gets to those who need it without them getting into a critical state, where the only option left is to get to the ER.

My request is this: We know the EMS system works in certain scenarios, but it could work better. At some point, this pilot program is going to end. My request is that when that time comes, we reconsider making this more permanent. My second request is expanding this to allow it to happen to all patients.

2021 – 2022 Booz-Allen study: federal pilot project and treatment in place and alternative destination demonstrated a net savings per intervention of between 514 and $570.

Benefits: it keeps patients in their homes; it keeps EMS within their communities and available for the next emergencies: patients have more options; appreciate those options; more efficient use of scarce EMS resources saves money.

University of Missouri St. Louis Addiction Science Team Dr. Rachel Winograd (Director of Addiction Science), Greg Bowl, and Jamella Jones.

We're going to talk a lot about the opioid overdose crisis. That's the nature of our work, the biggest priority, and opioids drive over 75% of drug-involved deaths. There are many laudable programs here across the state, we want to stay high-level, and hitting the high points on drug use, addiction, what makes it worse and better.

Our team would not exist without the support and partnership from state agencies, particularly DMH and DHSS. Through genuine collaboration and funding, our team has grown to address many of the problems. We're not here to represent the views of DMH or DHSS. I've learned a lot being a part of this committee; I know you all wear many hats as legislators, so you have a lot of power to change how we treat people who use drugs in our state.

I want to start by giving a brief lay of the land regarding the overdose crisis in this country. I'll keep this relatively short, but most of us are familiar with the crisis beginning in the 90s, initially driven by prescriptions. We've transitioned from a pill-dominated crisis, from heroin, to fentanyl. It's a potent synthetic opioid, it is not evil, and we should not panic, but illicitly made fentanyl has taken over our drug supply.

Trends move east to west, and Missouri tends to follow the East coast and Appalachia regarding drug trends. We're seeing those decreases in drug related deaths fall in a geographic pattern, such that decreases move east to west, but you can take that

national example, and it works here. St. Louis will always get hit with something first. We did see a decrease of over 10% nationally in 2023, and looking at preliminary 2024 data, that decrease is continuing.

Missouri tends to fall around national average patterns; we had an 11% decrease, and in 2024, we have some good news: we are seeing a 28% decrease in the first half of this calendar year. Anyone who says they know exactly why they're seeing the decrease doesn't know; it's multi-causal, and in public health, we talk associations not cause.

St. Louis has been the epicenter of our state's overdose crisis for a long time, and Black men, when talking demographics, are hardest hit. There is evidence of decrease, but rates of death among Black men are 3x higher than those of the general population. Some populations, regions, demographic groups need more support if we want everyone to get out of it.

Exercise by Dr. Winograd – she asked everyone to write down their drug of choice and then write out positive effects of that drug of choice. She explained that caffeine, gambling, alcohol, and high-sugar and fat foods can all be considered drugs. She then asked to cross off the drug of choice, then relabel the list as "My Needs."

People have said patience, creativity, relaxation, social engagement, pain relief.

When you look at a list like this, we use drugs to meet our needs. Humans are rational. We don't continue doing things if they do nothing for us. We all have reasons for engaging in this behavior. So often, we try to get people to stop using drugs or to reduce their use, but we don't acknowledge that we're asking them to take away a form of getting their needs met. We want them to go without their needs being met without replacing it with something. I bring this up to ground us in the reality that people use drugs for reasons, and most often it isn't just to "get high." Please keep this in mind, if we're taking something away, we need to be ready, willing, and able to replace it with something to help people get those needs met.

Really important not to minimize the horrors of opioid withdrawal. People end up using just to feel normal, because the base state is in this feeling of dope sickness or withdrawal. People have said they've been shocked at what they've seen themselves do in a state of withdrawal.

These medications help keep people in the "white zone". Because people can take them once per day and doesn't allow people to spend their whole day chasing their next dose, it allows people to go and live their lives. Heroin use was 3-4 injections per day, fentanyl is around 12.

Medication for OUD is lifesaving. Hospital initiation of MAT should be abundant in every hospital. Long-term care in primary care settings is possible.

What tangible tools and strategies do we have to save and improve lives of people who use drugs, and all of those impact by addiction?

- To save lives and reduce harms
    - Community-based naloxone distribution:
        - Aiming for saturation;
        - Prioritizing distribution to people who use drugs and are likeliest to be at scenes of overdose;
        - Diversifying access options; and
        - Teaching compassionate responses.
    - Opioid-agonist medications for OUD:
        - Increasing availability of methadone and buprenorphine;
        - Prioritizing rapid and sustained access; and
        - Diversifying access options.
    - Syringe access programs:
        - Providing physical space and interpersonal support;
        - Reducing transmission of HepC and HIV; and
        - Increasing likelihood of people entering substance use treatment.
- To improve lives and well-being:
    - Housing, transportation, and other basic necessities:
        - Increasing availability of securing housing to enhance stability;
        - Increasing access to transportation to engage in treatment and employment; and
        - Providing reliable access to other life necessities.
    - Peer support and community connection:
        - Offering peer and community recovery support services help prevent return to drug use;
        - Increasing the percentage of people who are in sustained and stable remission, reducing the number of people at risk of overdose; and
        - Providing peer-to-peer role modeling and hope to sustain positive changes.

Medication First Approach

- People with OUD receive medical treatment as quickly as possible, prior to lengthy assessments or treatment planning sessions;
- Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;
- Individualized psychosocial services are offered but not required as a condition of pharmacotherapy; and

- Do not discontinue medical treatment unless it is clearly worsening the patient's condition.

Individuals enrolled in MedFirst were more likely to:

- Receive medication;
- Get medication sooner;
- Receive fewer psychosocial services;
- Be engaged in treatment at 1, 3, 6, and 9 months; and
- Cost the state 21% less per month, on average

Naloxone saturation is a concept we can make into reality: we want it to be already at the scene if someone overdoses. Yes, call 911, but we don't have the luxury of time to wait for EMS. Usually, other drug users are the ones who are there at the scene of an overdose. We want people most likely to witness an overdose, which tend to be active drug users, to be the ones carrying it. Despite fears and claims otherwise, giving out naloxone does not increase drug use; it increases the likelihood that someone will survive a lethal dose of opioids.

Greg Bowl

What we do for first responders is provide statewide technical assistance, naloxone for administration, and more importantly, leave behind Narcan bags in order to provide additional levels of care, and make it less likely for someone to overdose lethally in the future. What we have found is that it's not just good for the people in the community struggling with substance use, it's also incredibly beneficial for our first responders as well. By giving them this extra tool, they have lightened their burden substantially. We have three main effects:

- Trying to increase first responders' ability to save lives by giving them naloxone and instilling the confidence that naloxone is safe to administer;
- Reducing the workload on first responders by giving them less to do; and
- Wanting first responders to deal with less stress, burnout, and risk when they do have to respond to such calls.

EMS doesn't get reimbursed for this type of thing. So opioid settlement fund dollars are helping to fund these EMS agencies, and EMS agencies want to have the medication paid for, and then maybe some funding for staffing. The only reimbursement would be if they transported that person somewhere else. We should figure out the technical aspects of the funding. Every EMS agency could do this now is kind of how it's been put. If that's the case, we should ramp it up. A big reason we haven't gone that route is because we had expected the money to run out in September. And that was Dr. Kroll's request, to not have it be a pilot anymore, and make it the law so that people could do

alternative transportation and care at home. The end state should be that any EMS agency can do this.

The culmination of our qualitative research study is represented in the physical flier's figure, and at the end of the day, what we developed was the Four S model:

- Safety
- Security
- Stability
- Survival

A lack means of any of these means we're living in crisis mode every day. When people live in this type of environment day-to-day, their drug addiction is likely the least of their concerns. These drivers, summarized by these Four S, allow us a ticket out. If we can address these needs, then people can start focusing on their priorities.

Missouri Peer Respite Crisis Stabilization Initiative.

Homes across MO were built specifically to fill the gaps. They're not recovery housing, for which people need to be sober and in treatment – these are for people who are in crisis, low barrier, community-led, have food, beds, and let people stay there to get themselves together before connecting them to whatever resources are required. Over 2/3 of participants in these centers move on to a more secure form of housing at the end of their stay.

People found money to keep this going, and it's a promising model that addresses the overdose crisis as well as people needing their basic needs to be met.

Along with this concept of basic needs, I would be remiss not to mention prevention. I am not an expert in prevention science, but I want to get you to think broadly about youth use.

When talking about the most effective way to reduce long-term SUD, it's investing in environments and communities. Free breakfast, lunches, and after school care. Summer care, childcare. Stable places to live without moving from home to home. It's a rich environment, where children who have these protective factors are much less likely to initiate substance use. Improve child development, support families, and enhance experiences.

WHAT SHOULD WE DO?

- Reach and maintain true naloxone saturation:
    - Ensure funding stays level or is increased;
    - Encourage agencies and organizations to build naloxone into their budgets, long-term; and

    - Prioritize distribution to settings and programs most likely to interact with people actively using drugs.
- Allow syringe access programs to operate legally across the state:
    - Can be access "hubs" for several medical and behavioral health resources (naloxone, treatment referrals, social services).
- Make buprenorphine and methadone easier to get than fentanyl:
    - Support any and all efforts to increase provision of these treatment medications across settings; and
    - Promote medical treatment for OUD within and outside of traditional substance use treatment facilities.
- Ensure people have their basic needs met – particularly housing and transportation:
    - Focus on Four S: safety, security, stability, survival for all Missourians;
    - Increase availability and access to housing across the spectrum (peer-run crisis stabilization, recovery housing, transitional housing, low-income housing, etc.); and
    - Fund and otherwise support transportation access (public transportation, vehicles for organizations, vouchers, etc.).
- Invest in peer and community-based support to promote sustained remission and positive social networks:
    - Remove any and all barriers to service delivery and coaching support from peer support specialists and community health workers across care settings.

Ensure people in these roles are employed, and paid equitably, across care settings, with opportunities for career growth and advancement.

(Over 25 pages of the UMSL Adduction Science Team materials detailing their testimony, with 5 pages of references to over 70 scientific reports are included in the references and exhibits to this report).

Brightli SW Region. (Includes Burrell Behavioral Health), Clay Goddard.

Burrell's Recovery services have provided services to over 7,000 clients this FY. Our recent successes include identifying gaps in care as well.

Transition to ASAM (American Society of Addiction Medicine) model: To treat clients with SUD, recovery service providers offer a continuum of services based on individual client needs and strengths. Need to convert from the CSTAR program levels of care to ASAM levels of care. They were ready to go live in April of this year, three months before the deadline, reflecting evidence-based solutions. Early results are promising, as more clients are participating in treatment. This level of care is embedded in the residential model and requires certain placement criteria to be met by clients. The old-

school setting of detox only led to about 5% seeking treatment in other service lines, but through withdrawal management, up to 60% seek additional treatment.

Withdrawal management could serve as a bridge between people with SUD and residential treatment programs, with data seeming to support this as well. Also continuing to streamline processes of getting clients to treatment services and working in partnership with people in rapid access units. Intent is to transition clients from withdrawal management to full participation in residential services as quickly as is capable.

In Springfield, there are more resources available for people in need, by making this conversion to ASAM to a total of 24 beds, increasing accessibility to lifesaving treatment care. Over the past FY, clients were provided with over 6000 services, including wraparound for those in recovery; group education, peer support, inpatient care, co-occurring services, and individualized therapy.

Providing MAT to clients, which has gained more attention, is a path to combating OUD and other SUDs. When medication curbs cravings, the teams can address underlying issues relating to substance use (connecting to food or housing, working through trauma). This comprehensive approach promotes long-term recovery, developing healthier coping skills to self-medicate. MAT can also successfully address alcoholism.

864 referrals, 48% for stimulants, primarily meth in SWMO, 30% were for alcohol, 7% were incomplete data, 15% for opioids. The team tries to get overdose victims location, and within an hour of learning of the report, get them out on the street and act with urgency.

ICTS: Improving Community Treatment Services – this includes working with repeat offenders, resource-rich programs, and helping clients transition out of vicious cycles and outside of barriers they may face. Though successful program participation is a requirement of getting those services, emphasis is placed on housing, employment, and aftercare, based on accountability, taking into consideration public safety and the delivery of recovery outcomes for participants; teaming together with parole and probation partners to help many of these clients reach successful outcomes, frequent random drug tests, addressing behavioral issues head on, and treating people like people.

Lack of access to stable housing: need outpaces the availability and variety of housing available. There is no family-friendly housing, for example, that would allow a client to have his or her children living with them, and no housing for clients designated as LGBTQIA+.

One program that has shown program is the CARES Grant, funded through SAMHSA, that assisted women with SUD to get housing and employment, with a goal of helping

250 women, referred to as a "massive undertaking." Property managers are also reluctant to lease to people using drugs, or who are in recovery. Wanting to reduce episodes of incarcerations, CCBHCs across 7 counties in SW Missouri, and 10 counties in central MO, all saw a significant increase to 716 in FY 24; crediting a statewide effort to host collaborative workshops and local leadership, mapping how adults with mental health issues and SUD move through the legal system. Intercepts include mobile crisis outreach teams, training to help law enforcement, screenings at jails, identifying those who need care earlier, specialized treatment courts, and a warm handoff from jail to community services to ensure people are adequately connected to what they need.

Mapping workshops identified more outreach to more community partners, and what resources are available to tap into when the need arises, part of an overall effort to work upstream with partners.

Webster County Public Health Unit, Scott Allen, Ashley Deadman, and Laura Smith. Webster County health administrators.

Many students use over the counter medications to get high. 30% see no harm in using e-cigarettes or alcohol, and a close amount see no issue with daily use of marijuana.

We know all too well that folks with SUD have cooccurring mental health conditions.

Prevention is prevention is prevention, so an overarching goal should be to raise a generation of younger people that makes better choices with what they do with their lives and their bodies. It's hard, since it's different for every community. Developmental assets, we know that if youth have ties to their community, a trusted adult outside of the home, they're less likely to participate in riskier behaviors.

Webster County has developed a community partnership, which brings together the county's health, behavioral health and social service providers. Three years ago, the county had a backlog of over 80 students waitlisted for behavioral health services. Working with Burrell, the list was eliminated in one month. A 2022 study of the national Institute on Drug Abuse showed that a $602 investment in youth prevention activities yielded an estimated $7754 in savings by the time the participants reach age 23.

Our job in prevention is to work even further upstream, in our County starting in preschools, following the Institute of Medicine's continuum of care: promotion, prevention, treatment and recovery from my perspective. Little state general revenue funds take their way into prevention efforts. We're looking forward to working with the task force to address this. In Webster County we have pursued outside grant opportunities, receiving a grant from the Department of Mental health of federal pass-through funds to address prescription medication opioid misuse, as well as receiving a Drug Free Communities grant from the CDC.

Ashley Dedman is a project director on a five-year grant for which Webster County was awarded $125,000 per year and may apply for an additional five-year renewal. There are two program goals: community building and to reduce youth substance use. We were required to identify two priority substances, and we selected medication safety and marijuana, due to the recent passage of the adult-use marijuana laws. There are 22 community coalitions with the grant. We are required to match the federal dollars 100% in years one through six and 150% by year ten.

Webster County also has a Missouri Foundation of Health Diversion to Care research grant. Laura Smith is the project director. The grant allows research into how substance abuse and behavioral health are handled to determine what barriers exist, as well as opportunities for improvement. Such opportunities can be establishing more resources, making them stronger, and bringing awareness and training. The grant has four goals, including examining the behavioral health crisis and identifying diversion approaches. Webster County participated in the SIMM sequential intercept project and identified four priorities: justice/mental health collaborative and crisis intervention, prevention, skill building and navigation. The grant is building awareness of needs. We're partnering with our state representative to provide outreach and treatment information, and promoting 988, and gathering input to create and design for prevention. Continuum of care can be best served working collaboratively, avoiding the prevention and treatment silos. We're working in Webster County to eliminate silos and seek innovative ways to fund this critically important work.

Catholic Charities St. Louis, Workforce Development Director Sue Haverman

What I see is that people think we can work miracles. We frequently see people with mental health issues. I've gone to the extent of actually begging for a mental health specialist, which was obtained, and who is shared with another group (St. Patrick's Center). Queen of Peace serves 1000 people per year and refers people back and forth. A lot of times, women get referred to Queen of Peace for drug counseling, assistance, and support. They are referred after getting off drugs.

We see about 120-160 people per year, and 50% are justice-involved. Of those, another 20-30% have either mental health issues or SUD. We provide them with housing, one of the first things we do, and sometimes the case managers send them to mental health, or substance abuse, or where they need to go.

There are a variety of housing programs, intake, and it depends on what the person needs, where they get referred. For instance, if you are in need of housing right away,

there is a short-term transition program, if you're a veteran, you could get to one of the 5 veterans' programs, if it's long-term you'd likely go to the HERO program, and the long-term transitional programs that are more for people who have chronic, co-occurring, issues with mental health and/or substance use.

Would ask for recommendation to make equitable the amount of tax credits that would be available as for pregnancy care centers (no limit on the amount of credits); need to know if there is a cap on the Neighborhood Assistance Program (NAP) and Youth Opportunity Program (YOP) grants.

POLICY RESEARCH

What are the public health outcomes of cannabis legalization?

Research studies on the long-term outcomes of legalizing cannabis on public health are not consistent and therefore inconclusive. Research is generally divided into work focused on medicinal cannabis legalization (MCL) and recreational cannabis legalization (RCL).

	Effect of MCL	**Effect of RCL**
Youth cannabis use	• Some studies suggest increases consumption[iii] • Other studies find no impact[iv]	• Remains unclear; requires more time for further research and comprehensive analysis[v]
Alcohol and cigarette use	• Associated with a rise in adult binge drinking [iv, vi] • No impact on youth alcohol consumption [iv, vi, vii] • Reduction in teen cigarette use[viii]	• Linked to a decline in college students' binge drinking[ix] • No effect on college students' cigarette use[x]
Opioid use	• Reduced opioid prescriptions[xi, xii] • Unclear impact on opioid related mortality[xiii, xiv, xv, xvi]	• Reduced opioid prescriptions [xi, xii] • No impact on opioid related mortality [xvi, xvii]
Other substance use	• Decline in heroin-related treatment admission, as a result of cannabis substitution[xviii] • Decline in prescriptions for mental health, pain, and neurological conditions as a result of cannabis substitution[xix] • No impact on cocaine abuse treatment admissions [xviii]	• Reduction in sleep-aid sales[xx] • Little evidence of impact on harder drug use, treatment admissions, or crime rates[xxi]
Mental health and workplace health	• Unclear whether it decreases or does not affect suicide rate[xxii, xxiii, xxiv] • Rise in work hours for adults over 51 with health conditions[xxv] • Reduced sick days[xxvi]	• Increased applications for disability benefits[xxviii]

	• Decreased workers' compensation claims by 6-7%[xxvii]	

How does cannabis legalization affect the economy?

The legal cannabis industry provided 440,445 full time jobs in U.S. by early 2024, with more than $28.8 billion in annual revenue.[xxix] These jobs are distributed in multiple sectors, ranging from cultivation (31%) to testing labs (<1%) (**Figure 14**). Cannabis sale is taxed at rates ranging from 10% in MI to 37% in WA.[xxx] MO's first year of recreational cannabis (RC) sales in 2023 boosted monthly revenues to over $110 million, compared to $38 million the previous year; which is driven by out-of-state consumers with stricter laws and higher taxes compared to MO's 6%. [xxix, xxxi] While RC sales in Missouri tripled, medical cannabis (MC) sales declined. [xxxi] The state also recorded a 110% increase in cannabis related jobs, with employment increasing from 10,735 jobs in 2023 to 20,468 by March 2024. [xxix] Overall, more post-implementation data is needed to fully assess the public health and economic impact of recreational cannabis legalization, particularly in Missouri.

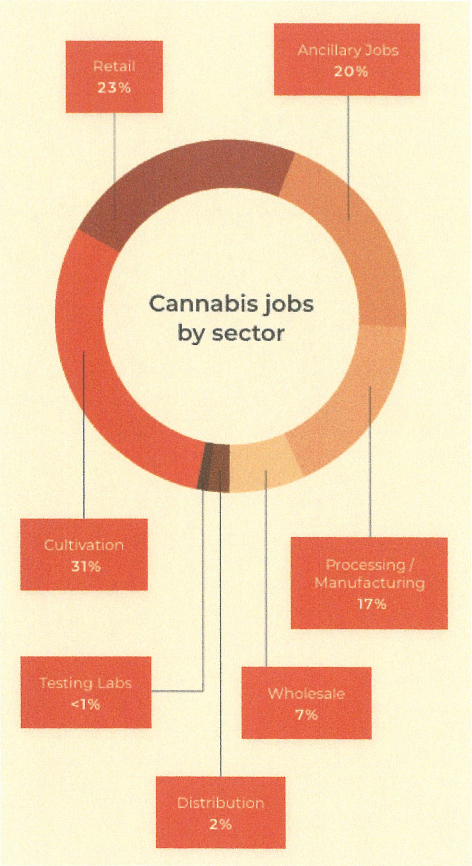

Figure 14. Breakdown of job sectors within the cannabis industry. Percentage of the total 440,445 cannabis-related jobs are shown for each sector.

What are the tobacco product taxes in other states?

Cigarettes are the most consumed tobacco product in the United States.[xxxii] In addition to the federal tax of $1.01 per pack, each state has an excise tax on cigarettes, and some local governments levy a tax as well. Missouri has the lowest cigarette excise tax in the nation, at 17 cents per pack (**Figure 15**).[xxxiii]

Taxes on other tobacco products vary. Not every tobacco product is subject to an excise tax in each state. For example, FL and PA have no excise tax on cigars. Most states have a tax on e-cigarettes but 17 (including MO) do not.[xxxiv]

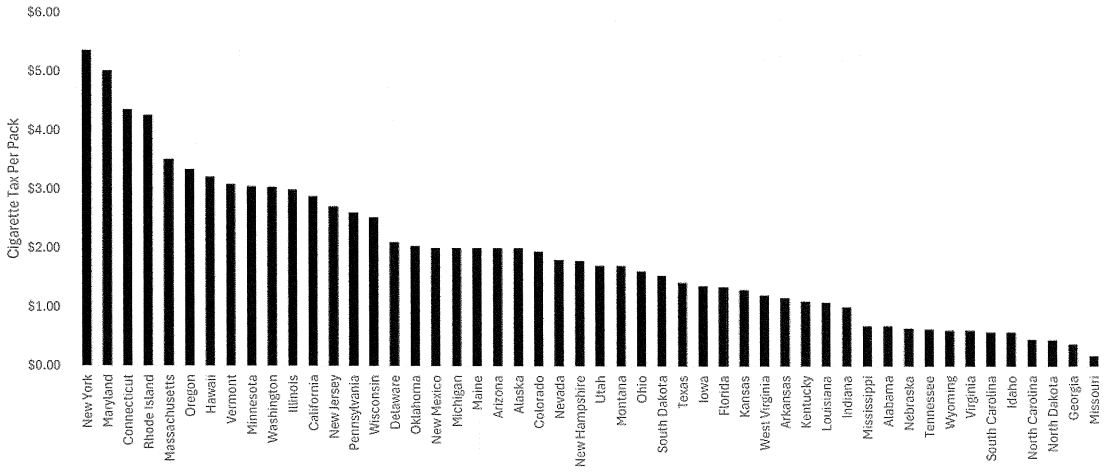

Figure 15. Cigarette excise taxes by state as of June 30, 2024. Data from the CDC State System Excise Tax Fact Sheet.

How is tobacco tax revenue used?

Missouri cigarette tax revenue is split between the State School Money Fund, the Health Initiatives Fund, and the Fair Share Fund.[xxxv] Both the State School Money Fund and the Fair Share Fund go to education.[xxxvi] Approximately three quarters of the revenue from the cigarette tax goes to these two funds, with the remaining quarter going to the Health Initiatives Fund, part of which funds substance abuse programs.[xxxvii]

How do other states use revenue from taxes on tobacco products?

States use their cigarette tax revenue for a variety of purposes.[xxxviii] KS and AR use cigarette tax revenue as general revenue (GR). NE and KY allocate most but not all of their cigarette tax revenue to GR. NE directs a portion of cigarette tax revenue to several funds including capital projects and public safety communication.[xxxix] IA directs its revenue to the Health Care Trust Fund. TN largely directs cigarette tax revenue to education. OK and IL direct their cigarette tax revenue to funds predominantly related to health and education.

Taxes on non-cigarette tobacco products are often allocated similarly to cigarette taxes. TN, AR, NE, and KS allocate these taxes to general revenue. MO, IL and IA allocate non-cigarette tobacco tax revenue to health-related funds, while TN allocates it to education. [xxxviii]

Metrics of success.

Tobacco taxes have dual goals of raising revenue and discouraging the use of tobacco products. Missouri raised $95 million in tobacco taxes in FY 2023.[xl] Studies find that tobacco taxes discourage smoking.[xli] Estimates of this impact vary, with studies since 2000 finding that a 10% price increase would reduce smoking by 1 to 3%. Taxes may reduce smoking more for youth and young adults.[xlii] Because smoking declines with income, these taxes place a relatively greater burden on low-income individuals. [xli] Taxes on one type of product may also impact consumption of other tobacco products. Taxes on e-cigarettes were found to reduce e-cigarette use and increase traditional cigarette use.[xliii]

Needle Exchange Programs

Needle exchange programs or syringe service programs (SSPs) offer free sterile syringes and safely collect and dispose of used ones to help prevent the spread of infections among people who use injection drugs. Comprehensive SSPs also offer services like counseling, infection testing, referral to substance abuse treatment, and other health services. [xliv, xlv]

What are the effects of SSPs?

SSPs not only reduce infection transmissions, but also have other reported benefits. SSPs are associated with a reduction in HIV cases.[xlvi xlvii xlviii] After implementation, HIV transmission decreases by 10% in new HIV diagnoses.[xlix] Hepatitis C infections are also reduced by 50% when syringe access is combined with medications for opioid dependence.[l] Syringe sharing among injection drug users drops by 5-10% within six months, without increasing drug injection frequency.[li] Risk of infection to the public is also decreased as SSPs lower improper syringe disposal.[lii liii liv lv lvi] Participation in SSPs facilitates entry into substance use disorder treatment.[lvii lviii lix] Many SSPs reduce drug overdoses by training individuals and distributing overdose prevention kits.[lx lxi lxii lxiii]

State policies governing SSPs.

As of 2021, SSPs were legal in 32 states and illegal in 11 states, including MO. [lxiv] SSPs are also locally permitted, or authorized by local jurisdictions in 8 states (**Figure 16**). Federal funds from the U.S. Department of Health and Human Services may support SSPs but cannot be used to purchase syringes.[lxv] The CDC recommends a low-threshold access to services, such as maximizing number of locations and hours, keeping participants' confidentiality, no requirements to engage in additional services, and providing syringes based on expressed need.[lxvi] Identification and registration requirements may inhibit use of services, and one-to-one exchange, or allowing participants only the same number of syringes returned, increases sharing of used syringes and discourages distribution of cleaned ones to others in need. [lxvi, lxvii, lxviii]

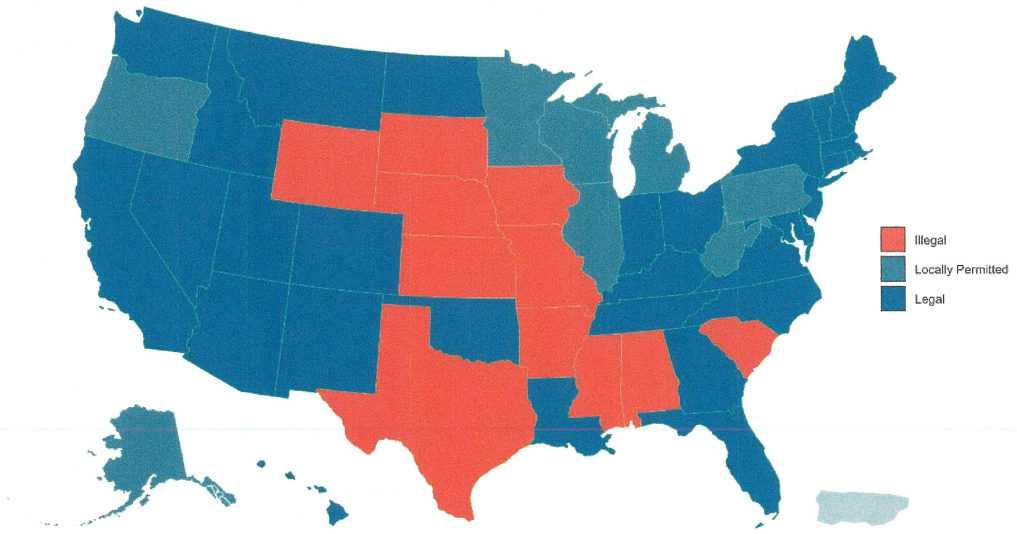

Figure 16. States that have authorized syringe exchange programs by 2021.[lxiv]

The following summary is based on the Legislative Analysis and Public Policy Association's compilation of policies on SSPs: [lxix]

Policy	Number of States	States
Registration with the SSP required	7	DE, ME, MD, NJ, NM, NY, RI
ID requirements for participants, volunteers, or staff	8	CT, DE, ME, MD, NJ, NM, NY, OH
Traceable syringes	4 + DC	DE, MD, VA, WV
One-to-One exchange requirement	6	DE, FL, HI, ME, NM, WV
Unlimited syringes allowed	7	AZ, GA, IL, NC, TN, UT, VA
Additional supplies including cookers, tourniquets, cotton swabs, alcohol, and sharps disposal containers authorized	14	AZ, GA, IL, MD, NC, ND, NH, NM, NV, RI, TN, UT, VA, WV
Law enforcement engagement required	10	CA, CO, GA, ME, NC, OH, RI, TN, UT, VA
Syringes as drug paraphernalia exceptions for SSPs	22	CA, CO, DE, FL, IL, IN, IA, KY, LA, MD, MI, MT, NM, NC, ND, OH, OK, TN, UT, VT, VA, WA + DC, PR

How is the success of SSPs measured?

Evaluation of success involves tracking the numbers of needles exchanged, the cleanliness of needles in circulation, the rates of HIV and other needle-borne diseases, referrals to drug treatment programs, enrollments in those programs, and changes in the risky behaviors of participants.[lxx]

DEPARTMENTS AND PROGRAMS

This report contains summaries of the 7 state departments that administer the 61 programs funded by Missouri. Information is organized in a template to describe the scope of each department and program.

Department of Mental Health (DMH) & Division of Behavioral Health (DBH)

DEPARTMENT OF MENTAL HEATLH (DMH) & DIVISION OF BEHAVIORAL HEALTH (DBH)

The mission of the Department of Mental Health is to provide for (1) the prevention of mental disorders, developmental disabilities, substance misuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance use, and compulsive gambling. The department is composed of three divisions: the Division of Behavioral Health, the Division of Developmental Disabilities and the Division of Administrative Services, as well as five adult forensic hospitals; one children's psychiatric hospital; and seven support offices. More information about the Department of Mental Health can be found at their website **https://dmh.mo.gov/**

SAPT Hearing July 25, 2024

Presenters

Hearing Highlights

FUNDING TOTALS

Program Costs

House Bill HB10

Program Name	FY25 Appropriation	FY24 Spent
State Opioid Response (SOR) Project - Prevention	$3,855,205	$3,697,332
State Opioid Response (SOR) Treatment/Recovery/Harm Reduction	$21,626,445	$24,312,060
Prevention Resource Centers (PRC) & Merchant Education	$11,986,133	$4,619,559
SUD Prevention and Education	$150,000	$0
PES (Community-based and college-based programs)	$2,840,869	$2,540,490
DARE	$53,000	$53,000
School-Based Prevention	$884,065	$721,500
SYNAR	$72,231	$72,231
FDA Tobacco Grant	$533,145	$438,498
Prescription Drug Overdose Grant	850,000	897,306
Partnership for Success Grant	$1,000,000	$1,120,439
Opioid Settlement Response I	$6,044,000	$6,825,775
Opioid Settlement Response II	$5,100,000	$5,100,000
Naloxone	$8,000,000	$0
Addiction Fellowship	$1,304,370	$0
Comprehensive Substance Treatment and Rehabilitation (CSTAR)	$96,900,816	$89,698,227
Housing Liaisons	$1,000,000	$0
CCBHC providers - CSTAR services	$62,373,097	$43,317,575
Rental Assistance Program (RAP)	$321,628	$321,611

Recovery Support Services	$11,278,032	$6,730,849
Recovery High Schools	$10,434,783	$0
Recovery Community Centers	$1,200,000	$0
Engaging Patients in Care Coordination (EPICC)	$1,899,877	$1,444,526
FUNDING TOTALS CONTINUED		
DOC Reduce Recidivism MAT (RR-MAT)	$2,564,144	$2,487,220
FQHC Initiatives	$1,000,000	$947,892
Compulsive Gambling	$153,606	$3,819
Substance Awareness Traffic Offender Program (SATOP)	$6,995,353	$3,111,939
Peer to Peer	$100,000	$0
Capital Improvements (CI)	$636,000	$0
Psilocybin	$5,000,000	$0
Community and Youth Behavioral Health Liaisons	$500,000	$0
Peer Respite Services	$1,500,000	$0
Alcohol Misuse Prevention	$500,000	$0
Youth Substance Use Prevention	$150,000	$0

Administrative Costs

Program Name	**FY25 Appropriation**	**FY24 Spent**
ADA Administration	$3,141,345	$2,273,890
State Opioid Response (SOR) Coordinator	$86,102	$85,464
State Opioid Response (SOR) expense and equipment	$770,808	$867,257
Prevention Administration	$555,893	$266,133
SUD Program Staff	$1,254,732	$1,079,348
SUD Program Expenses and Equipment	$377,007	$7,241
Total Costs	$272,992,686	$203,041,180

STATE OPIOID RESPONSE (SOR) PROJECT - PREVENTION

Department, Agency	DMH, DBH
Date started	NA

Program description

The Missouri State Opioid Response (SOR) will continue to address opioid and stimulant use disorders with a continued focus on evidence-based primary prevention activities that increase awareness and reduce the initiation of opioid and stimulant use, with a particular focus on youth and young adult programming. This programming includes both in-school and after-school education courses; college campus technical assistance and prevention programming; and prevention resource centers across the state.

Program type	Prevention
Substance targeted	Opioids, Stimulants

FUNDING

House Bill: HB 10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Department of Mental Health Federal Fund	0148	2154	$3,855,205	$3,697,332

SERVICES

Service area	Statewide
Location of services	Prevention Resource Centers, Contracted mentor-focused agencies
Eligibility	N/A
Dept, Agency criteria to qualify	Formula Grant
Criteria for participant	Missouri Resident
Capacity	N/A
Numbers served	17,331 individuals
Other data	N/A

STATE OPIOID RESPONSE (SOR) TREATMENT/RECOVERY/HARM REDUCTION

Department, Agency	DMH, DBH
Date started	NA

Program description

The purpose of the State Opioid Response (SOR) program is to support the continuum of care for Opioid Use Disorder (OUD), as well as Stimulant Use Disorder treatment, harm reduction, and recovery caused by the public health crisis of use of illicitly manufactured fentanyl. The SOR program also supports the continuum of care for stimulant use disorders which includes use of cocaine and methamphetamine.

The DMH is leading the project, with administration, implementation and evaluation activities performed by the University of Missouri, St. Louis (UMSL) - Missouri Institute of Mental Health (MIMH). Missouri's SOR project is helping transform the system of care for OUD by implementing evidence-based protocols demonstrated to save lives; offering extensive multimodal professional training and consultation; and delivering effective and compassionate service to Missourians across healthcare settings. Missouri utilizes these funds to increase public awareness; promote responsible opioid prescribing; enhance physician knowledge of OUDs and increase the number of physicians able to treat OUD; enhance treatment programs' interventions and expand fast access to needed medications; expand the treatment for OUDs in publicly funded primary care centers; train emergency responders and other citizens in the use of naloxone for overdose reversal; promote the use of peer supports in recovery; support recovery/peer respite housing; and support four recovery community centers to provide assistance to those seeking recovery.

Program type	Treatment, Harm Reduction, Recovery
Substance targeted	Opioids, Stimulants

FUNDING

House Bill: HB 10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Department of Mental Health Federal Fund	0148	4149	$21,626,445	$24,312,060

SERVICES

Service area	Statewide
Location of services	Statewide
Eligibility	Missouri resident, uninsured/underinsured
Dept, Agency criteria to qualify	Formula Grant
Criteria for participant	Opioid Use Disorder or Stimulant Use Disorder
Capacity	Treatment Estimated Capacity: 3,800
Numbers served	Treatment served in 2024: 3,616; Recovery Housing served in 2024: 1,862
Other data	Peer Respite Served: 1,499

PREVENTION RESOURCE CENTERS (PRC) & MERCHANT EDUCATION

Department, Agency	DMH, DBH
Date started	NA

Program description

Prevention Resource Centers (PRC) provide training, technical assistance, and support to community coalitions across the state. There are approximately 160 registered substance use prevention coalitions in Missouri. These coalitions have been highly successful in substance use policy change in their communities. Prevention evaluation supports all prevention services through the collection and analysis of data for assessing prevention needs and program effectiveness. Prevention messaging is disseminated through social media, audio platforms, billboards and newspaper inserts.

The Department of Mental Health provides tobacco retailers across the state with the sign required by state law that indicates the minimum age required to purchase tobacco products. The Prevention Resource Centers conduct one visit a year to each tobacco retailer across the state and provide them with the sign and educational materials to help deter sales to minors.

Program type	Prevention
Substance targeted	All

FUNDING

House Bill: HB 10.105, 10.106

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	4649	$1,019,959	$987,770
Health Initiatives Fund	0275	3145	$82,148	$82,148
DMH Federal Fund	0148	2154	$6,457,722	$2,291,303
DMH Federal Stimulus	2455	8940	$3,198,535	$1,039,569
General Revenue	0101	3664	$227,769	$218,769
Opioid Addiction Treatment and Recovery Fund	0705	6935	$1,000,000	$0

SERVICES

Service area	Statewide
Location of services	Prevention Resource Centers
Eligibility	Tobacco retailers
Dept, Agency criteria to qualify	N/A
Criteria for participant	Population of Focus: Youth 21 years of age and under
Capacity	N/A
Numbers served	472,310
Other data	6,267 retailers visited

SUD PREVENTION AND EDUCATION

Department, Agency	DMH, DBH
Date started	FY 2025

Program description

School-based Prevention Intervention and Resources Initiative (SPIRIT) works to delay the onset and decrease the use of substances; improve overall school performance; and reduce incidents of violence. To achieve these goals, contracted prevention agencies are paired with participating high-risk school districts to provide technical assistance in implementing evidence-based substance use prevention programming and referral and assessment services. SPIRIT is operated by four contracted prevention agencies serving 13 school districts across the state. Recent funding increases provided support for current SPIRIT sites and training for prevention specialists to implement programming, which will reach additional students.

Program type	Prevention
Substance targeted	All

FUNDING

House Bill: HB 10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	6939	$150,000	$0

SERVICES

Service area	For FY 2025, 13 school districts in the following counties - Jasper, Knox, New Madrid, St. Louis County, Shelby, Macon, Adair, Andrew, Pemiscot, Scotland, Stone, and Taney.
Location of services	**School districts:** Knox County, Scotland County, South Shelby, Macon, Kirksville, North Andrew, La Plata, Ritenour, New Madrid R1, S. Pemiscot Co R-V, Carthage, Reeds Spring, and Taneyville
Eligibility	Schools in 13 Missouri school districts
Dept, Agency criteria to qualify	N/A
Criteria for participant	K-12 students in select school districts
Capacity	N/A
Numbers served	9,239 students served in the 2023-2024 school year
Other data	SPIRIT Year 22 Report 2024 | dmh.mo.gov

COMMUNITY AND COLLEGE-BASED PROGRAMS

Department, Agency	DMH, DBH
Date started	NA

Program description

Community-based prevention programs provide preventive interventions across the lifespan. High risk youth programs provide evidence-based prevention services to youth and families with high risk factors for substance use. College campus-based programs are provided in 254 public and private college and university campuses across the state. These programs work toward reducing rates of harmful and dangerous drinking on campuses. Prevention evaluation supports all prevention services through the collection and analysis of data for assessing prevention needs and program effectiveness. Prevention messaging is disseminated through social media, audio platforms, billboards and newspaper inserts.

Program type	Prevention
Substance targeted	All

FUNDING

House Bill: HB 10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
DMH Federal Fund	0148	2154	$2,840,869	$2,540,490

SERVICES

Service area	Statewide
Location of services	public and private colleges across the state
Eligibility	institution of higher education
Dept, Agency criteria to qualify	N/A
Criteria for participant	college student
Capacity	N/A
Numbers served	159,180 served in FY24
Other data	N/A

Drug Abuse Resistance Education (DARE)

Department, Agency	DMH, DBH
Date started	NA

Program description

Members of law enforcement are trained as DARE officers utilizing the Keepin' It REAL curriculum.

Program type	Prevention
Substance targeted	All

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	4649	$53,000	$ 53,000

SERVICES

Service area	Statewide
Location of services	N/A
Eligibility	Law enforcement training
Dept, Agency criteria to qualify	N/A
Criteria for participant	N/A
Capacity	N/A
Numbers served	30 officers trained each year
Other data	N/A

SCHOOL-BASED PREVENTION

Department, Agency	DMH, DBH
Date started	

Program description

The School-based Prevention Intervention and Resources Initiative (SPIRIT) works to delay the onset and decrease the use of substances, improve overall school performance, and reduce incidents of violence. To achieve these goals, prevention agencies are paired with participating school districts to provide technical assistance in implementing evidence-based substance use prevention programming and referral and assessment services. SPIRIT is operated by four prevention agencies serving 13 school districts across the state.

Program type	Prevention
Substance targeted	All

FUNDING

House Bill: HB 10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
DMH Federal Fund	0148	2154	$884,065	$721,500

SERVICES

Service area	Clark, Jasper, Knox, New Madrid, St. Louis County, Shelby, Macon, Adair, Andrew, Pemiscot, Scotland
Location of services	**School districts:** Clark County, Knox County, Scotland County, South Shelby, Macon, Kirksville, North Andrew, La Plata, Ritenour, New Madrid R1, S. Pemiscot Co R-V, Carthage
Eligibility	Schools in 13 Missouri school districts
Dept, Agency criteria to qualify	N/A
Criteria for participant	K-12 students in select school districts
Capacity	N/A
Numbers served	9,239 served in the 2023-2024 school year SPIRIT Year 22 Report 2024 | dmh.mo.gov
Other data	N/A

SYNAR

Department, Agency	DMH, DBH
Date started	Unknown

Program description

Prevention Resource Centers conduct unannounced random checks at tobacco retailers across the state to ensure compliance with tobacco laws. These visits are aimed at decreasing access to tobacco products among individuals under 18. The goal of the Synar amendment is to reduce the number of successful illegal purchases by minors to no more than 20 percent of attempts in each state per year.

Program type	Prevention
Substance targeted	Tobacco

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	3664	$72,231	$72,231

SERVICES

Service area	Statewide
Location of services	Tobacco Retailers
Eligibility	Population of Focus: youth 21 years of age and under
Dept, Agency criteria to qualify	N/A
Criteria for participant	Tobacco Retailer in Missouri
Capacity	N/A
Numbers served	5,837 tobacco retailers were visited in 2024
Other data	FFY 2025 Annual Synar Report | dmh.mo.gov

FDA TOBACCO GRANT

Department, Agency	DMH, DBH
Date started	2011

Program description

Funding allows the Alcohol and Tobacco Control (ATC) to enforce federal tobacco regulations in accordance with DBH's Food and Drug Administration (FDA) tobacco enforcement contract. As part of the agreement, ATC utilizes five of DBH's full-time equivalent (FTE) positions for the sole purpose of enforcing federal (90%) and state (10%) tobacco regulations. Youth are recruited and trained to conduct underage compliance inspections with the agents.

Program type	Prevention
Substance targeted	Tobacco

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
DMH Federal Fund	0148	7832	$194,743	$100,096
DMH Federal Fund	0148	7831	$338,402	$338,402

SERVICES

Service area	Statewide
Location of services	Tobacco/vape retailers
Eligibility	Operational tobacco/vape retailers
Dept, Agency criteria to qualify	FDA Grant
Criteria for participant	Population of Focus: Youth 21 and under
Capacity	N/A
Numbers served	6,266 Tobacco/Vape Inspections Completed in SFY23
Other data	775 or 12.4% of inspections that found a potential violation

PRESCRIPTION DRUG OVERDOSE GRANT

Department, Agency	DMH
Date started	2016

Program description

This is a five-year grant award to Missouri to reduce fatal opioid overdose events through increased overdose education training and naloxone distribution. This funding was made possible through SAMHSA's Prescription Drug/Opioid Overdose award. Missouri's project is entitled Expanding Naloxone Access and Community Trainings (ENACT), which focuses on expansion of naloxone access and community trainings by

1) Identify gaps,
2) Create new training,
3) Disseminate existing training,
4) Distribute naloxone,
5) Facilitate service referrals for treatment and recovery.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill HB10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
DMH Federal Fund	0148	2154	$850,000	$897,306

SERVICES

Service area	Statewide
Location of services	Training (virtual and in-person) and naloxone distribution is statewide
Eligibility	Priority Populations: peer specialists, community health workers, first responders, and frontline workers (training); high need individuals in Missouri's rural and low resourced areas
Dept, Agency criteria to qualify	Completive Discretionary Grant
Criteria for participant	Priority populations above and anyone with a need for increased knowledge and capacity for referrals to appropriate treatment and recovery services for overdose survivors and others at-risk
Capacity	N/A
Numbers served	As of August 30, 2024, a total of 153 trainings were offered and 3,420 individuals were trained as well as 20,711 (41,422 doses) naloxone kits distributed.
Other data	

PARTNERSHIP FOR SUCCESS GRANT

Department, Agency	DMH
Date started	2012

Program description

This is a five-year grant that was awarded in 2020 to target substance use in select areas of Missouri. The goals of this funding are to:

1) Prevent or reduce prescription drug misuse as well as alcohol, tobacco, and other drugs among youth aged 12 to 18 residing in the selected areas;
2) Prevent or reduce use of methamphetamine use in adults residing in the selected areas;
3) Enhance training for individuals who work in the substance use prevention field.

Program type	Prevention
Substance targeted	Alcohol, tobacco, and other drugs

FUNDING

House Bill: HB10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
DMH Federal Fund	0148	2154	$1,000,000	$1,120,439

SERVICES

Service area	Atchison, Holt, Nodaway, Andrew, Buchanan, Worth, Gentry, DeKalb, Clinton, Harrison, Daviess, Caldwell, Mercer, Grundy, Livingston, Putnam, Sullivan, Linn, Schuyler, Adair, Macon, Scotland, Knox, Shelby, Clark, Lewis, Marion, Jackson, Lafayette, Johnson, Cass, Bates, Vernon, Henry, Saint Clair, Cedar, Benton, Hickory, Carroll, Saline, Pettis, Chariton, Howard, Randolph, Cooper, Boone, Morgan, Moniteau, Cole, Callaway, Osage, Miller, Camden, Laclede, Pulaski, Monroe, Ralls, Pike, Audrain, Montgomery, Barton, Jasper, Newton, McDonald, Lawrence, Barry, Dade, Polk, Dallas, Greene, Webster, Christian, Stone, Taney, Wright, Douglas, Ozark, Texas, Howell, Shannon, Oregon.
Location of services	In counties listed above.

Eligibility	Priority Areas Selected: Of the 81 counties comprising the service areas above, five are designated as persistent poverty counties by the U.S. Department of Agriculture (2017) and 10 are mental health shortage areas as designated by the U.S. Department of Health and Human Services (2017). Thirty-one of the counties have higher than average unemployment and 65 have a higher proportion of adults without a high school education. Priority Populations: youth 12-18 years of age residing in selected areas
Dept, Agency criteria to qualify	Competitive, Discretionary Grant
Criteria for participant	Prescription drug, **alcohol,** tobacco, and other drug use tend to be higher in selected areas when compared to the state average.
Capacity	N/A
Numbers served	More than 12,337,000 individuals were reached through social media campaigns, community education and activities, and programming.
Other data	https://dmh.mo.gov/alcohol-drug/missouri-student-survey

OPIOID SETTLEMENT RESPONSE I

Department, Agency	DMH, DBH
Date started	NA

Program description

Funding is used to support a variety of opioid related services in high need areas of the state, such as, supporting the GROW-STL grassroots organizations; community program grants; Family Recovery Programs; primary substance use prevention; EMS Project; and primary care and substance use disorder (SUD) integration services.

Program type	Prevention, Treatment
Substance targeted	Opioids

FUNDING

House Bill HB10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	9646	$6,044,000	$6,825,775

SERVICES

Service area	**EMS** - Boone, Jackson, Jefferson, St. Louis **SUD/FQHC** - Barry, Barton, Boone, Camden, Dade, Henry, Jackson, Jasper, Laclede, Lafayette, Lawrence, McDonald, Morgan, Newton, Pettis, Saline, St. Louis, St. Francis, Vernon, Washington **Prevention**: Osage County, Preferred Family Healthcare service area (northern Missouri counties), FCC Behavioral Health service area (bootheel counties), Prevention Consultants service area (central/eastern counties) **Grassroot Organizations** (GROW) – North St. Louis community outreach organizations; St. Louis City and County **Recovery** – Jackson, Stone, St. Louis City, and Taney
Location of services	Hospitals; treatment and recovery providers; fire and ambulance districts, and primary health centers.
Eligibility	No eligibility requirements for outreach Prevention: Missouri Resident
Dept, Agency criteria to qualify	Serves individuals with Opioid Use Disorder Prevention: Substance Use Prevention Resource Center agency or registered Community Coalition EMS: First Responder agency

Criteria for participant	Opioid Use Disorder or Individuals experiencing overdose symptoms and in need of OD response
Capacity	N/A
Numbers served	Prevention: 1,638 EMS: 654 overdose reversals by first responders SAC Prevention and Recovery Grants – 5,053 SUD FQHC partnership – 3,207
Other data	FY24 total number outreached for the SUD FQHC partnership was 6,199

OPIOID SETTLEMENT RESPONSE II

Department, Agency	DMH, DBH
Date started	NA

Program description

Naloxone is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications, when given in time. Naloxone is easy to use and small to carry. Funding is used to purchase naloxone, provide training, and distribute to many different groups and organizations not covered by other naloxone funding.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill HB10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	9647	$5,100,000	$5,100,000

SERVICES

Service area	Statewide
Location of services	Harm Reduction Organizations, Mail-based, Community Outreach Organizations, etc.
Eligibility	Priority Population: Missouri resident using drugs and those who are likely to come into contact with individuals using drugs
Dept, Agency criteria to qualify	N/A
Criteria for participant	Missouri resident; at risk for overdose
Capacity	N/A
Numbers served	127,615 naloxone kits distributed in SFY24
Other data	N/A

NALOXONE

Department, Agency	DBH, DMH
Date started	FY 2025

Program description

Naloxone is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications, when given in time. Naloxone is easy to use and small to carry. Funding is used to purchase naloxone, provide training, and distribute naloxone to law enforcement agencies and other first responders.

Program type	Prevention
Substance targeted	Opioid

FUNDING

House Bill HB10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	6192	$8,000,000	$0

SERVICES

Service area	Statewide
Location of services	Law enforcement, other first responders
Eligibility	Priority Populations: Law enforcement, EMS, Fire Rescue, and other frontline first responders, such as hospital staff, likely to observe an overdose.
Dept, Agency criteria to qualify	N/A
Criteria for participant	Missouri resident; at risk for overdose and first responder response
Capacity	N/A
Numbers served	New funding; no data available yet
Other data	Unknown

ADDICTION FELLOWSHIPS

Department, Agency	DMH, DBH
Date started	FY 2025

Program description

SUD fellowships have been developed to support medical providers in obtaining more education in the field of addiction and to work collaboratively in their practices with Addiction Medicine physicians as they would with other specialties, such as cardiology and endocrinology. This funding will support fellowships that create pathways into and increase the competency of the SUD workforce.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill HB10.111

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	7459	$1,304,370	$0

SERVICES

Service area	Jasper, Newton, Barton, McDonald, St. Louis County
Location of services	Hospitals
Eligibility	Certification or board-eligibility in any ACGME-approved specialty (e.g., family medicine, internal medicine, OB/GYN, pediatrics....)
Dept, Agency criteria to qualify	Has addiction fellowship program
Criteria for participant	Certification or board-eligibility in any ACGME-approved specialty (e.g., family medicine, internal medicine, OB/GYN, pediatrics....)
Capacity	5
Numbers served	Unknown
Other data	Unknown

COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION (CSTAR)

Department, Agency	DMH, DBH
Date started	January 1, 1991

Program description

Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs are designed to provide an array of comprehensive, but individualized, treatment services with the aim of reducing the negative impacts of substance use disorders to individuals, family members and society. Services available in CSTAR increase individuals' abilities to successfully manage chronic substance use disorders. CSTAR services transitioned fully to the utilization of the American Society of Addiction Medicine (ASAM) criteria in 2024. This continuum of care, based on placement criteria, includes a shift from a fee for service pay structure to team-based billing, which incentives the use of evidence-based interventions. Individuals may enter treatment at any level in accordance with eligibility criteria. Only substance use disorder treatment programs designated by the department as CSTAR are approved for reimbursement under MO HealthNet. Top priority for admission is given to pregnant women who inject drugs because of the risk to unborn babies and public safety. CSTAR programs serve a large number of Missouri offenders with substance use disorders that are re-entering their communities following incarceration or are under probation supervision. Effective substance use disorder treatment for these individuals reduces criminal recidivism and promotes a productive and safe return to their communities.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill HB10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	4147	$2,339,595	$9,188,227
Inmate Fund	0540	1047	$3,513,779	$3,513,779
General Revenue	0101	2040	$5,113,499	$6,431,641
Health Initiatives Fund	0275	2044	$2,761,782	$2,721,356
DMH Local Tax Matching Fund	0930	3765	$963,775	$398,178
DMH Federal Fund	0148	4149	$20,969,515	$20,371,899
DMH Federal Fund	0148	4149	$8,687,188	$16,144,554
DMH Federal Fund	0148	6677	$31,619,161	$21,028,741
Title XXI-Children's Health Insurance Program Federal Fund	0159	8453	$2,193,317	$1,247,890
Substance Use Prevention, Treatment, and Recovery Services Block Grant	2455	8938	$8,895,823	$5,283,672
Substance Use Prevention, Treatment, and Recovery Services Block Grant	2455	8941	$573,198	$101,290

Health Initiatives Fund	0275	4151	$3,245,791	$3,245,791
Health Initiatives Fund	0275	8945	$21,209	$ 21,209
Mental Health Interagency Payments Fund	0109	7648	$10,000	$0
Health Initiatives Fund	0705	5911	$1,931,181	$0
Health Initiatives Fund	0705	5912	$4,062,003	$0

SERVICES	
Service area	Statewide
Location of services	CSTAR providers
Eligibility	Diagnosis of a SUD (not including tobacco use disorder) as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)
Dept, Agency criteria to qualify	Unknown
Criteria for participant	Diagnosis of a SUD (not including tobacco use disorder) as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)
Capacity	Unknown
Numbers served	26,062
Other data	Unknown

HOUSING LIAISONS

Department, Agency	DMH, DBH
Date started	FY 2025

Program description

The Housing Liaisons assist Missourians with behavioral health conditions experiencing homelessness to find housing and receive treatment services. All referrals come from locally coordinated entry systems. HLs reduce the use of more costly state services.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	8208	$1,000,000	$0

SERVICES

Service area	Statewide
Location of services	DBH contracted providers
Eligibility	Homeless
Dept, Agency criteria to qualify	CSTAR
Criteria for participant	Homeless
Capacity	N/A
Numbers served	126 SUD only, but many others served that are co-occurring
Other data	Unknown

CCBHC PROVIDERS - SUD SERVICES

Department, Agency	DMH, DBH
Date started	July 1, 2024

Program description

Certified Community Behavioral Health Organizations integrate behavioral health with physical healthcare, while providing a comprehensive array of services that include crisis intervention, screening, treatment, prevention, and wellness services for individuals with serious mental illnesses and substance use disorders. SUD treatment services shall be provided consistent with the American Society of Addiction Medicine (ASAM) Criteria.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill HB 10.115

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	7593	$11,688,724	$7,677,945
General Revenue	0101	7595	$22,269,780	$14,154,828
Department of Mental Health Federal Fund	0148	7594	$27,003,434	$20,261,747
Substance Use Prevention, Treatment, and Recovery Services Block Grant Department of Mental Health Federal Fund	0148	7596	$1,100,000	$911,600
Title XXI-Children's Health Insurance Program Federal Fund	0159	8787	$311,159	$311,455

SERVICES

Service area	Statewide
Location of services	CCBHC providers
Eligibility	Program Specific
Dept, Agency criteria to qualify	Unknown
Criteria for participant	Program Specific
Capacity	Unknown
Numbers served	10,250
Other data	Unknown

RENTAL ASSISTANCE PROGRAM (RAP)

Department, Agency	DMH, DBH
Date started	2013

Program description

The Rental Assistance Program (RAP) provides one-time payments to prevent eviction; restore housing stability; and/or assist households to move into safe and affordable rental housing. Target population are individuals actively receiving support services for a mental illness, a substance use disorder, or a dual diagnosis of the two from a DMH-contracted provider agency.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	4147	$ 321,628	$ 321,611

SERVICES

Service area	Statewide
Location of services	Behavioral health support service agencies
Eligibility	Individuals actively receiving support services for a mental illness, a substance use disorder, or a dual diagnosis of the two from a DMH-contracted provider agency
Dept, Agency criteria to qualify	
Criteria for participant	In a housing crisis
Capacity	Limited by funding
Numbers served	57 persons served with SUD with one-time assistance during FY24 and served 35 persons with ongoing assistance throughout FY24.
Other data	Unknown

RECOVERY SUPPORT SERVICES (RSS)

Department, Agency	DMH, DBH
Date started	July 2018

Program description

Recovery Support Services (RSS) can supplement clinical substance use disorder treatment programs and expand access to an array of supportive services that include employment assistance and emergency housing. Recovery supports are delivered by community and faith-based organizations.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill: HB 10.109, 10.110, and 10.108

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	6916	$4,402,527	$4,270,451
DMH Federal Fund	0148	8035	$2,598,084	$387,552
Substance Use Prevention, Treatment, and Recovery Services Block Grant	2455	8938	$2,411,542	$2,072,846
Health Initiatives Fund	0705	6914	$1,865,879	$0

SERVICES

Service area	Statewide
Location of services	DBH contracted Recovery Support providers
Eligibility	Individuals with SUD
Dept, Agency criteria to qualify	Contracted RSS Providers
Criteria for participant	Individuals with SUD
Capacity	Limited by funding amount
Numbers served	5,522
Other data	Unknown

RECOVERY HIGH SCHOOLS

Department, Agency	DBH, DMH
Date started	FY 2025

Program description

Recovery High Schools (RHS) are secondary schools designed specifically for students in recovery from substance use disorders or co-occurring disorders. RHS support multiple pathways of recovery, including abstinence-focused approaches that promote equity of access and student safety in the school environment. RHS supports students in recovery and educates students on recovery strategies while working towards their high school diploma in a safe environment.

Program type	Treatment
Substance targeted	Unknown

FUNDING

House Bill HB 10.113

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
DMH Federal Fund	0148	6642	$6,834,783	$0
Health Initiatives Fund	0705	6643	$3,600,000	$0

SERVICES

Service area	St. Louis City, Boone, Cole, Cape Girardeau, Scott
Location of services	High schools
Eligibility	A public school in one of the metropolitan counties in Missouri who submits a winning proposal in response to the RFP issued by DESE. Eligible counties: Buchanan, Andrew, DeKalb West-Jackson, Cass, Lafayette, Bates, Caldwell, Clinton, Ray, Platte, Clay, Southwest-Greene, Christian, Jasper, Newton, Polk, Webster, Dallas, Central-Cole, Boone, Howard, Cooper, Moniteau, Callaway, Osage, East-Franklin, Lincoln, St. Charles, St. Louis City, St. Louis, Jefferson, Warren, Southeast-Cape, Girardeau, Bollinger
Dept, Agency criteria to qualify	A school district in the eligible counties must submit a proposal that includes a narrative, budget and implementation plan. Proposal then has to be approved for funding.
Criteria for participant	Individuals enrolled in a public school served by the Recovery High School who identifies as needed substance use services, with additional criteria to be determined by the Recovery High School.
Capacity	Unknown
Numbers served	Zero, as program hasn't started yet.
Other data	Unknown

RECOVERY COMMUNITY CENTERS (RCC)

Department, Agency	DBH, DMH
Date started	FY 2025

Program description

Recovery Community Centers (RCCs) are community-based, peer-run organizations that offer resources and support for individuals with substance use disorders and their families, no matter what phase of use or recovery they may be in. RCCs are not treatment centers but they can connect people to treatment or other community resources, depending on their needs. They offer sober activities, as well as employment-readiness services and access to naloxone.

Program type	Recovery
Substance targeted	All substances

FUNDING

House Bill: HB 10.109

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Health Initiatives Fund	0705	6917	$1,200,000	$0

SERVICES

Service area	St. Louis City Boone County Cole County Cape Girardeau and Scott Counties
Location of services	DBH contracted partners
Eligibility	Unknown
Dept, Agency criteria to qualify	DBH Contracted Providers
Criteria for participant	Individuals with SUD and their families
Capacity	N/A
Numbers served	Approximately 6000 annually
Other data	Unknown

ENGAGING PATIENTS IN CARE COORDINATION (EPICC)

Department, Agency	DMH, DBH
Date started	NA

Program description

Engaging Patients in Care Coordination (EPICC) provides 24/7 referral and linkage services via certified peer specialists (CPS) who respond to hospital emergency departments (ED) Emergency Medical Services (EMS) and community-based organizations to assist individuals experiencing an overdose and/or substance use crisis. CPSs assist those referred by establishing immediate linkages to recovery support and evidence-based substance use treatment.

Program type	Prevention, Treatment
Substance targeted	Opioid, stimulant, alcohol

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	4147	$1,399,877	$1,444,526
Health Initiatives Fund	0705	6936	$500,000	$0

SERVICES

Service area	Platte, Clay, Ray, Jackson, Greene, Christian, Taney, Stone, Randolph, Audrain, Boone, Callaway, Cole, Cooper, Perry, Bolinger, Cape Girardeau
Location of services	DBH contracted SUD treatment provider covering counties above
Eligibility	SUD treatment provider must have a current CSTAR contract
Dept, Agency criteria to qualify	N/A
Criteria for participant	Anyone experiencing an overdose or substance use crisis (opioids, stimulants, alcohol)
Capacity	Unknown
Numbers served	Since inception, EPICC staff have responded to over 26,000 referrals. Annual Referrals 2023 - 4,421 and 2024 - 4,609
Other data	

DOC REDUCE RECIDIVISM MAT (RR-MAT)

Department, Agency	DMH, DBH
Date started	NA

Program description

This pre-release program reduces recidivism among offenders with serious substance use disorders, with a primary focus on those with opiate or alcohol dependence, who are returning to the community from the Missouri Department of Corrections (DOC) by offering medication assisted treatment (MAT) interventions and intensive case management and bridging the transition from institution to community treatment provider.

Program type	Treatment
Substance targeted	Opioids, Alcohol

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	8661	$2,564,144	$2,487,220

SERVICES

Service area	Statewide, all DOC facilities
Location of services	DBH contracted SUD treatment provider in DOC facility
Eligibility	Meets diagnostic SUD criteria, screened as appropriate by medical professional
Dept, Agency criteria to qualify	Agency must meet certification requirements
Criteria for participant	Meets diagnostic SUD criteria, screened as appropriate by medical professional
Capacity	(FY 24) 19 sites including institutions and re-entry
Numbers served	1,412 clients
Other data	Unknown

FQHC INITIATIVES

Department, Agency	DMH, DBH
Date started	July 2022
Program description	

Funding supports the collaboration of medication assisted treatment between Federally Qualified Health Centers (FQHC) and local CSTAR/CCBHC providers.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill: HB 10.117

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Health Initiatives Fund	0705	8521	$1,000,000	$947,892

SERVICES

Service area	Phelps, Dent, Maries, Crawford, Pulaski, Atchison, Grundy, Holt, Livingston, Nodaway, Worth, Gentry, Andrew, DeKalb, Buchanan, Clinton, Greene, Polk, Dallas, Webster, Dade and Hickory
Location of services	DBH contracted SUD integration partners
Eligibility	Individuals with an Opioid Use Disorder (OUD), have a family or loved one with an OUD, have trauma related to the opioid epidemic, or work/interact with individuals with an OUD.
Dept, Agency criteria to qualify	Contracted CSTAR provider with a formal partnership with an FQHC. Provide care coordination, primary care services and substance use treatment.
Criteria for participant	Individuals with an Opioid Use Disorder (OUD), have a family or loved one with an OUD, have trauma related to the opioid epidemic, or work/interact with individuals with an OUD.
Capacity	Unknown
Numbers served	Unknown
Other data	Unknown

COMPULSIVE GAMBLING

Department, Agency	DMH, DBH
Date started	NA

Program description

The program provides treatment services designed to help individuals with a gambling disorder and their families reduce the negative impacts associated with problem gambling. Prior to being admitted into a gambling disorder treatment program, an individual must be assessed and meet minimal admission criteria. Treatment services are individualized and based on clinical needs, with service utilization monitored by DBH. Services include individual and group counseling and family therapy. DBH partners with other stakeholders in the area of problem gambling to raise public awareness of the issue.

Program type	Treatment
Substance targeted	Gambling

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Compulsive Gamblers Fund	0249	2877	$153,606	$3,819

SERVICES

Service area	Statewide via telehealth
Location of services	DBH contracted providers
Eligibility	Meet minimum diagnostic screening scores
Dept, Agency criteria to qualify	Certified staff/contracted for service
Criteria for participant	Eligible gambler/Family member
Capacity	Statewide in-house/telehealth
Numbers served	7
Other data	Type of gambling activities, preferred location of gambling, amount of time spent on gambling past 30 days, amount time and money spent on gambling, employment status, current gambling debt, how concerned is the individual on financial status. In the past 30-days problems with spouse, children, significant other due to gambling, legal, emotional, medical, mental health background, substance use history and current pattern, support system, and suicide risk.

SUBSTANCE AWARENESS TRAFFIC OFFENDER PROGRAM (SATOP)

Department, Agency	DMH, DBH
Date started	NA

Program description

The Substance Awareness Traffic Offender Program (SATOP) is a statewide system of comprehensive, accessible, community-based education and treatment programs designed for individuals arrested for alcohol and drug-related driving offenses or arrested with possession or use of alcohol or a controlled substance prior to age 21. The goal of the program is to prevent repeat impaired driving offenses and to get those with serious substance use disorders into treatment. Completion of a SATOP is a statutory condition of license reinstatement. The program incorporates a comprehensive assessment to determine program placement into any of the four levels of education and/or treatment interventions.

Program type	Treatment
Substance targeted	All

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Mental Health Earnings Fund	0288	2878	$6,995,353	$3,111,939

SERVICES

Service area	Statewide
Location of services	DBH contracted SATOP providers
Eligibility	Individuals with administrative action for license reinstatement/Court order
Dept, Agency criteria to qualify	Certified/Contracted
Criteria for participant	DUI/DWI, Abuse and Lose, Zero Tolerance
Capacity	Statewide 34 agencies with multiple sites
Numbers served	19,271
Other data	Number screened, number served, number of statewide sites by program, number re-enrolled in SATOP upon initial completion (repeat offense)

PEER TO PEER	
Department, Agency	DMH, DBH
Date started	FY 2025
Program description	
For substance use recovery support services.	
Program type	Recovery
Substance targeted	Opioids

FUNDING

House Bill HB 10.108

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	8004	$100,000	$0

SERVICES

Service area	Springfield
Location of services	Springfield
Eligibility	Opioid Use Disorder (OUD)
Dept, Agency criteria to qualify	OUD
Criteria for participant	OUD
Capacity	N/A
Numbers served	Unknown
Other data	Unknown

CAPITAL IMPROVEMENTS (CI)

Department, Agency	DMH, DBH
Date started	FY 2025
Program description	

CI funding for Heartland Center to prevent and treat opioid substance use by detoxification, temporary housing, treatment programs, and fentanyl epidemic recovery.

Program type	Substance Use
Substance targeted	Opioids

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	7462	$636,000	$0

SERVICES

Service area	Kansas City
Location of services	Kansas City
Eligibility	Substance Use Disorder
Dept, Agency criteria to qualify	Unknown
Criteria for participant	Individual needing substance use services
Capacity	Unknown
Numbers served	215
Other data	Unknown

PSILOCYBIN

Department, Agency	DMH
Date started	FY 2025

Program description

For competitive grants to research universities for psilocybin related research and its ability to treat opioid addiction.

Program type	Unknown
Substance targeted	Opioids

FUNDING

House Bill HB 10.114

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	7875	$5,000,000	$0

SERVICES

Service area	Unknown
Location of services	Unknown
Eligibility	Unknown
Dept, Agency criteria to qualify	Unknown
Criteria for participant	Unknown
Capacity	Unknown
Numbers served	Unknown
Other data	Unknown

COMMUNITY AND YOUTH BEHAVIORAL HEALTH LIAISONS

Department, Agency	DMH
Date started	FY 2025

Program description

Community Behavioral Health Liaisons assist law enforcement, jails, and courts with linking individuals with behavioral health needs to treatment services and/or community resources, while YBHLs support youth experiencing mental health challenges by connecting them with necessary services within their community. YBHLs accept referrals from schools, juvenile offices, law enforcement, and other youth servicing agencies. They also provide education for youth serving organizations around youth behavioral health.

Program type	Prevention
Substance targeted	All substances

FUNDING

House Bill HB10.911

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Health Reinvestment Fund	0640	7828	$500,000	$0

SERVICES

Service area	Statewide
Location of services	Community Behavioral Health Organizations, Community Mental Health Centers
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	NA
Other data	NA

PEER RESPITE SERVICES

Department, Agency	DMH
Date started	FY 2025

Program description

Peer Respite Crisis Stabilization is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to individuals experiencing substance use disorder (SUD). It operates 24/7 in a peer-led, trauma-informed environment that utilizes a social model of recovery.

Program type	Recovery
Substance targeted	All substances

FUNDING

House Bill HB10.911

Funding Source	Acct #		FY25 Appropriation	FY24 Spent
Health Reinvestment Fund	0640	7830	$1,500,000	$0

SERVICES

Service area	Statewide
Location of services	Overnight housing, community-based and non-clinical crisis support.
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	NA
Other data	NA

ALCOHOL MISUSE PREVENTION

Department, Agency	DMH
Date started	FY 2025
Program description	
Implement evidence-based interventions to prevent and reduce youth alcohol and other drug use.	
Program type	Prevention
Substance targeted	Alcohol

FUNDING

House Bill HB10.911

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Health Reinvestment Fund	0640	7835	$500,000	$0

SERVICES

Service area	Statewide
Location of services	Prevention Resource Centers
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	NA
Other data	NA

ADA ADMINISTRATION

Department, Agency	DBH
Date started	NA

Program description

Salaries, expenses and equipment for DBH administrative staff.

Funding is used to support staff and EE related to statewide SUD programs and prevention.

Program type	Prevention, Treatment, Admin
Substance targeted	NA

FUNDING

House Bill HB 10.100, 10.107

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	2149	$1,382,593	$1,260,009
Health Initiatives Fund	0275	1839	$60,399	$56,770
DMH Federal Fund	0148	2151	$200,486	$299,617
DMH Federal Fund	0148	2151	$612,500	$514,286
General Revenue	0101	2150	$23,193	$22,497
DMH Federal Fund	0148	2152	$553,226	$80
DMH Federal Fund	0148	2152	$225,000	$120,630
Opioid Addiction Treatment and Recovery Fund	0705	6895	$ 78,948	$0
Opioid Addiction Treatment and Recovery Fund	0705	6900	$ 5,000	$0

STATE OPIOID RESPONSE (SOR) COORDINATOR	
Department, Agency	DMH, DBH
Date started	NA
Program description	
Salary for the DBH SOR Coordinator	
Program type	Prevention, Treatment, Administration
Substance targeted	Opioids, Stimulants

FUNDING

House Bill 10.100

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
DMH Federal Fund	0148	2151	$86,102	$85,464

STATE OPIOID RESPONSE (SOR) EXPENSE AND EQUIPMENT

Department, Agency	DMH
Date started	NA

Program description

Expense and equipment funding for the DBH administrative staff and the State Opioid Response Coordinator. In addition, this authority allows for the contracting with Missouri Institute of Mental health (MIMH) for evaluation, data collection and outcomes, etc. regarding SOR

Program type	Prevention, Treatment
Substance targeted	NA, Administrative

FUNDING

House Bill HB 10.100

Funding Source	**Acct #**	**Appropriation #**	**FY25 Appropriation**	**FY24 Spent**
DMH Federal Fund	0148	2152	$770,808	$867,257

PREVENTION ADMINISTRATION

Department, Agency	DBH, DMH
Date started	NA

Program description

Salaries for DBH administrative staff. Expenses and Equipment funding for the DBH prevention staff.

Program type	Prevention
Substance targeted	NA, Administrative

FUNDING

House Bill HB 10.105

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	2649	$115,076	$103,494
DMH Federal Fund	0148	4143	$155,232	$155,067
DMH Federal Fund	0418	4144	$285,585	$7,572

SUD PROGRAM STAFF

Department, Agency	DBH, DMH
Date started	Unknown
Program description	
Salaries for DBH policy and program staff.	
Program type	Treatment
Substance targeted	NA, Administrative

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	4148	$733,231	$681,254
DMH Federal Fund	0148	4150	$263,536	$155,626
Health Initiatives Fund	0275	5002	$257,965	$242,468

SUD PROGRAM EXPENSES AND EQUIPMENT	
Department, Agency	DBH, DMH
Date started	NA
Program description	
Expense and Equipment funding for the DBH policy and program staff.	
Program type	Treatment
Substance targeted	NA, Administrative

FUNDING

House Bill HB 10.110

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
DMH Federal Fund	0148	2051	$377,007	$7,241

YOUTH SUBSTANCE USE PREVENTION

Department, Agency	DMH
Date started	FY 2025
Program description	
NA	
Program type	Unknown
Substance targeted	All substances

FUNDING

House Bill HB10.911

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Health Reinvestment Fund	0640	7360	$150,000	$0

SERVICES

Service area	NA
Location of services	NA
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	NA
Other data	NA

Department of Corrections (DOC)

DEPARTMENT OF CORRECTIONS (DOC)

The Department of Corrections supervises 20 institutions and people on probation and parole. Their goal is to foster rehabilitation, treatment and education to ensure that justice-involved Missourians contribute to their communities, both inside and outside the correction institutions.

SAPT Hearing	July 25, 2024
Presenters	Annie Herman Trevor Foley

Hearing Highlights

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FUNDING TOTALS

Program Costs

House Bill HB9

Program Name	**FY25 Appropriation**	**FY24 Spent**
Medication Assisted Treatment	$4,000,000.00	$260,257
Institutional Treatment Programs	$10,548,456.00	$10,234,709.03
Toxicology	$517,155.00	$407,954.28
Reentry and Recidivism	$1,800,001.00	$1,745,997.98
Reducing Recidivism	$4,212,500.00	$235,949.65
Improving Community Treatment Services	$6,000,000.00	$5,664,474.79
Program Name	**FY25 Appropriation***	**FY24 Spent***
Total Costs	$27,078,112.00	$18,549,342.73

Footnote:

1. The totals for the FY25 appropriation and FY24 spent still require reconciliation.

MEDICATION ASSISTED TREATMENT

Department, Agency	DOC
Date started	NA

Program description

To ensure the availability and use of all medication assisted treatment products approved by the FDA to treat opioid use disorder for incarcerated offenders.

Program type	Treatment
Substance targeted	Opioids

FUNDING

House Bill HB9.195

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	2254	$4,000,000.00	$260,257

SERVICES

Service area	Statewide
Location of services	DOC Institutions
Eligibility	Complete implementation will go into effect January 1, 2025
Dept, Agency criteria to qualify	Statewide
Criteria for participant	Offenders must have an opioid use disorder and will be clinically assessed by a healthcare provider
Capacity	NA
Numbers served	NA
Other data	NA

INSTITUTIONAL TREATMENT PROGRAMS

Department, Agency	DOC
Date started	NA

Program description

Substance Use and Recovery Services provides appropriate treatment to offenders with substance use related offenses and histories who are mandated to participate in treatment. The department has established a range of evidence-based services that include diagnostic center screening, clinical assessment, institutional substance use treatment services, and pre-release planning.

Program type	Prevention, Treatment
Substance targeted	All substances

FUNDING

House Bill: HB9.200, 9.020

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	7261	$3,173,600.00	$2,389,251.37
General Revenue	0101	7262	$7,035,336.00	$7,623,280.81
Correctional Substance Abuse Earnings Fund	0853	7263[1]	$10,000.00	$0.00[2]
DOC Federal Fund	0130	8103[1]	$329,520.00	$222,176.85

SERVICES

Service area	Livingston, Callaway, Nodaway, Pike, Webster, Buchanan, Audrain, St. Francois, Cole, Moniteau, Clinton, Randolph, Cooper, Mississippi
Location of services	DOC Institutions[3]
Eligibility	Court or board order treatment or clinically assessed and referred by the Substance Use Provider
Dept, Agency criteria to qualify	See eligibility info
Criteria for participant	See eligibility info
Capacity	DOC currently has 2,451 beds allotted to institutional treatment programs
Numbers served	The number of offenders that were discharged from institutional treatment in FY 24 was 5,247. 73.6% successfully completed their program while 15.5% were unsuccessful and 11.33% were no-fault exits
Other data	NA

Footnotes:

1. Appropriation 7263 is used for certification costs and curriculum purchase. Appropriation 8103 goes to DOC as a sub-grantee from DPS. These funds are used to support contracted treatment services at five DOC correctional centers.
2. No funds from this source were spent in FY24, but $3,789.58 of FY25's funds from this source have been spent.

3. This program except those using appropriation 8103 is located in DOC facilities (Livingston - St. Francois). There is also one institutional treatment processional in each county w/ DOC prisons (Cole - Mississippi)

TOXICOLOGY

Department, Agency	DOC
Date started	NA

Program description

Funding for targeted and random staff and offender drug testing conducted by the department's in-house toxicology lab.

Program type	Prevention, Treatment
Substance targeted	Stimulants, Opioids, Cannabis[1]

FUNDING

House Bill HB9.205

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	7264	$517,155.00	$407,954.28

SERVICES

Service area	All Counties
Location of services	Drug testing occurs in all prisons and district offices for the offenders and clients.
Eligibility	Random and targeted drug testing occur for any offender or client
Dept, Agency criteria to qualify	Any offender or client is eligible
Criteria for participant	There are no criteria
Capacity	Can process a sample for 25 percent of the prison population and 7 percent of the field population
Numbers served	On average, the tox lab processes 4,826 samples from the prisons and 3,557 samples from the field.
Other data	In FY24, 87,418 samples were tested.

Footnotes:

1. This program specifically tests for amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, creatinine, fentanyl, ketamine, methamphetamines, opioids, PCP – phencyclidine, suboxone, THC – tetrahydrocannabinol.

REENTRY AND RECIDIVISM

Department, Agency	DOC
Date started	NA

Program description

The program is designed to address the needs of individuals under the supervision of Missouri Probation and Parole by providing the tools and services probationers and parolees need to be successful, law-abiding citizens in hopes of increasing their successful reentry back into their communities. The goal of the Initiative is to provide access to vital services and programs that have been identified by local agencies, service providers, and Missouri Reentry Process (MRP) teams as aiding in the process of successful reentry. Funds support 26 competitive awards to 19 different organizations across the state.

Program type	Prevention, Treatment
Substance targeted	All substances

FUNDING

House Bill HB9.015

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	3283	$1,800,001.00	$1,745,997.98

SERVICES

Service area	Statewide
Location of services	Varies
Eligibility	Any offender under active supervision
Dept, Agency criteria to qualify	Under the supervision of the Division of Probation and Parole
Criteria for participant	Referral from the probation and parole officer
Capacity	No defined capacity
Numbers served	FY23- 1,794
Other data	It should be noted that this program is not limited to solely substance use services. This program provides other wrap-around services, as well.

REDUCING RECIDIVISM

Department, Agency	DOC
Date started	NA

Program description

These funds are used to enter into an outcomes-based contract with a reentry services provider within the St. Louis area.

Program type	Prevention, Treatment
Substance targeted	All substances

FUNDING

House Bill: HB9.015, 9.020

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	7720	$2,500,000.00	$193,946.28
DOC Federal Fund[1]	0130	8103	$1,712,500.00	$42,003.37

SERVICES

Service area	St. Louis City, St. Louis County, St. Charles County, Jefferson County, Warren County, Franklin County, and/or Lincoln County[2]
Location of services	NA
Eligibility	1. Residing in (or home-planning to) St. Louis City, St. Louis County, Jefferson, Lincoln, Warren, Franklin or St. Charles County 2. Moderate or higher score on the ORAS 3. Minimum of 12 months of parole from release date (for parolee participants) 4. Medical/ MH score 1-3 5. No sex offenses
Dept, Agency criteria to qualify	None
Criteria for participant	See above
Capacity	No defined capacity
Numbers served	427
Other data	The breakdown in quarters are as follows: Q3: 82; Q4: 101, Q1: 127 and Q2: 117. It should be noted this program is not limited to solely substance use services – This program provides other wrap around services, as well.

Footnotes:

1. The Second Chance Act Pay for Success Initiative grant requires contracting with an intermediary to help establish the outcomes-based contract as well as an independent evaluator to validate the implementation results.
2. Federal funds cover programs in all listed counties except for St. Louis City. St. Louis City is covered by the first appropriation.

IMPROVING COMMUNITY TREATMENT SERVICES

Department, Agency	DOC
Date started	NA

Program description

Improving Community Treatment Success Program (ICTS) is a collaborative program that requires the DOC and the DMH to work together to lower system costs, decrease crime, and create a safer and healthier Missouri. ICTS is a coordinated-care approach that focuses the highest intensity substance addiction services on the highest risk/highest need people on probation or parole supervision. The ICTS program is a "pay for performance" model where treatment provider performance geared toward positive impact on desired outcomes is incentivized in five outcome areas: retention in treatment, housing stability, employment stability, no substance use resulting in a sanction, no technical revocations of supervision.

Program type	Prevention, Treatment
Substance targeted	All substances

FUNDING

House Bill HB9.025

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	8278	$6,000,000.00	$5,664,474.79

SERVICES

Service area	Livingston, Callaway, Nodaway, Pike, Webster, Buchanan, Boone, Butler, Camden, Cape Girardeau, Greene, Miller, Pettis, Phelps, Polk, Pulaski, Stone, Taney, St. Francois, Cole
Location of services	Probation and Parole Districts Office in the above counties
Eligibility	Must have a felony case, must have at least nine months remaining of supervision, must have substance use disorder
Dept, Agency criteria to qualify	See above
Criteria for participant	See above
Capacity	NA
Numbers served	There are currently 421 clients being served in the program.
Other data	While this program specifically focuses on substance use services, it also provides employment support services.

Judiciary

JUDICIARY

Through the Office of State Courts Administrator (OSCA), the Judiciary is responsible for providing administrative, business and technology support services to the courts. The duties and responsibilities assigned to the state courts administrator's office relate to all levels of the state court system. Some of the ways the office assists the courts include case processing; criminal history reporting; debt collection and judgment enforcement; crime victims' rights; treatment court programming; the implementation of time standards for case disposition; and court improvement projects in the areas of child abuse and neglect, juvenile services, and family preservation. The office supports a statewide case management system in all courts, as well as a wide variety of other technical applications and hardware necessary for court operations. The office also provides administrative, fiscal, legal, and human resources support; training for judicial personnel; and statistical analysis.

SAPT Hearing	Aug. 2024
Presenters	Eric Jennings Richard Morrissey

Hearing Highlights

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FUNDING TOTALS

Program Costs

House Bill HB12

Program Name	**FY25 Appropriation**	**FY24 Spent**
Treatment Court Medication Assisted Treatment	$1,499,999	$444,360.81
Substance Use Disorder Grants to the Missouri Supreme Court	$250,000	$0

Administrative Costs

Program Name	**FY25 Appropriation**	**FY24 Spent**
Treatment Courts Personal Services	$385,779	$0
Treatment Court Expense and Equipment	$10,579,792	$9,135,582.24
Total Costs	$12,715,570	$9,579,943.05

TREATMENT COURT MEDICATION ASSISTED TREATMENT

Department, Agency	Judiciary
Date started	NA

Program description

Medication Assisted Treatment for Treatment Court Program Participants. Active treatment court participants are assessed by treatment providers contracted with the Office of State Courts Administrator (OSCA) and certified by the Missouri Department of Mental Health.

Program type	Treatment
Substance targeted	Alcohol, Opioids

FUNDING

House Bill: HB12.380, 10.912

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Treatment Court Fund	0733	5693	$999,999	$444,360.81
Opioid Addiction Treatment and Recovery Fund	0705	6543	$249,999	$0
Opioid Addiction Treatment and Recovery Fund	7271	7271	$1	$0
Health Reinvestment Fund	0640	7307	$250,000	$0

SERVICES

Service area	Treatment court programs are operational statewide, in 44/46 judicial circuits
Location of services	Eligible individuals have access to a treatment court program in the city of St. Louis and 106 out of the 114 counties in the state
Eligibility	The target population for a treatment court program is an individual charged with a nonviolent felony offense and is high risk/high need as determined by a validated screening tool
Dept, Agency criteria to qualify	Each local program enters into a Memorandum of Understanding (MOU) with the team members; judge, coordinator, prosecuting attorney, defense attorney, probation officer, treatment providers and law enforcement representative. The MOU outlines each team member's role, the ethical considerations regarding their role and the program goals.
Criteria for participant	Standard criteria for a participant include meeting the local program's eligibility requirements, a substance use disorder diagnosis and the participant agreeing to participate in the program. Criteria for eligibility and admission into the program are developed on objective measures and reviewed annually by the local program.

Capacity	Individual treatment courts establish the local program's capacity based on resources such as funding, judiciary staff availability and team member caseloads.
Numbers served	Since the inception of treatment courts in Missouri, there have been a total of 28,373 treatment court program graduates statewide.
Other data	A total of 1,355 babies have been born to female treatment court program participants. 1,224 were born drug free. State graduation rates for 2023: Adult Drug Court: 68% DWI Court: 91% Veterans Treatment Court: 76%

SUBSTANCE USE DISORDER GRANTS TO MISSOURI SUPREME COURT

Department, Agency	Judiciary
Date started	FY 2025

Program description

To support programs focused on medication-assisted treatment for Missourians with substance use disorder related to alcohol and opioid addiction through Treatment Courts Coordinating Commission (TCCC) agreements with drug courts, DWI courts, veteran's courts, mental health courts and other Missouri treatment courts.

Program type	Treatment
Substance targeted	Opioids, Alcohol

FUNDING

House Bill HB10.912

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Health Reinvestment Fund	0640	7307	$250,000	$0

SERVICES

Service area	Statewide
Location of services	Courts
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	NA
Other data	NA

TREATMENT COURTS PERSONAL SERVICES

Department, Agency	Judiciary
Date started	Unknown

Program description

Treatment Courts provide alternatives to incarceration, juvenile detention and long-term foster care for individuals who have substance use or mental disorders. The community based, team-oriented programs provide an array of treatment and other services in order to meet the individual needs of the participants based upon a comprehensive assessment. The Treatment Courts Coordinating Commission distributes funds from the Treatment Court Resources Fund to the treatment court programs.

Program type	Administration
Substance targeted	NA, Administrative

FUNDING

House Bill HB12.380

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Treatment Court Fund	0733	5902	$385,779	$0

TREATMENT COURT EXPENSE AND EQUIPMENT

Department, Agency	Judiciary
Date started	NA

Program description

Evidence based court programs that provide an alternative to traditional criminal justice case adjudication for high risk/high need individuals struggling with substance use disorders. These collaborative justice court models take a team based, less adversarial approach to case processing and combine close judicial oversight and monitoring with intensive supervision and substance abuse treatment services in lieu of incarceration.

Program type	Treatment, Administration
Substance targeted	NA, Administrative

FUNDING

House Bill HB12.380

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Treatment Court Fund	0733	5197	$10,579,792.00	$9,135,582.24

Department of Elementary and Secondary Education (DESE)

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)

The Missouri Department of Elementary and Secondary Education is the administrative arm of the Missouri State Board of Education that works with school officials, legislators, government agencies, community leaders, and citizens to maintain a strong public education system. More information about the Department of Elementary and Secondary Education can be found on its website https://dese.mo.gov/.

SAPT Hearing	September 26, 2024
Presenters	Perry Gorrell
Hearing Highlights	

FUNDING TOTALS

Program Costs

House Bill HB2

Program Name	**FY25 Appropriation**	**FY24 Spent**
Maternal Substance Use Training	$255,600	$604
Recovery High School	$500,000	$0
Drug Abuse Resistance Education	$350,000	$0
Total Costs	$1,105,600	$604

MATERNAL SUBSTANCE USE TRAINING

Department, Agency	DESE
Date started	NA

Program description

The Missouri Department of Elementary and Secondary Education (DESE) is seeking training for early care and education providers, including home visitors. This training will be designed to improve both the confidence and competence of these providers as they work with families of children who have experienced prenatal substance exposure.

Program type	Treatment
Substance targeted	All substances

FUNDING

House Bill HB2.330

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Elementary and Secondary Education - Federal Fund	0105	9008	$255,600	$604

SERVICES

Service area	Statewide[1]
Location of services	Online/interactive workshop training
Eligibility	Birth to age 3
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	NA[2]
Other data	NA

Footnotes:

1. Services will be provided in a virtual format
2. Efficacy metrics were not measured in FY24, but attendance and other impact measures will be used in FY25.

RECOVERY HIGH SCHOOL

Department, Agency	DESE
Date started	NA

Program description

For grants to establish safe schools programs addressing active shooter response training and school safety measures, including the hiring of school counselors to provide students with mental health services pertaining to suicide and other behavioral health needs, provided that grants are to be distributed by a statewide education organization whose directors consist entirely of public-school board members.

Program type	Prevention, Treatment
Substance targeted	Unknown

FUNDING

House Bill HB2.113

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Lottery Proceeds Fund	0291	7889	$500,000	$0[1]

SERVICES

Service area	Buchanan, Andrew, DeKalb, Jackson, Cass, Lafayette, Bates, Caldwell, Clinton, Ray, Platte, Clay, Greene, Christian, Jasper, Newton, Polk, Webster, Dallas, Cole, Boone, Howard, Cooper, Moniteau, Callaway, Osage, Franklin, Lincoln, St. Charles, St. Louis City, St. Louis, Jefferson, Warren, Cape Girardeau, Bollinger
Location of services	High schools
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	NA
Other data	NA

Footnotes:

1. HB2 language specified this program was for Clay County only and no applications were received.

DRUG ABUSE RESISTANCE EDUCATION

Department, Agency	DESE
Date started	FY 2025

Program description

Funding supports programs to prevent youth substance use through drug abuse resistance education materials and programming for school drug awareness including cannabis initiatives for youth. DESE is working with a nonprofit company that provides all DARE resources for the State of Missouri. DESE has a Memorandum of Understanding with DHSS to spend funds for drug abuse resistance education materials and programming for school drug awareness including marijuana initiatives for youth.

Program type	Prevention
Substance targeted	All substances

FUNDING

House Bill HB10.913

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Health Reinvestment Fund	0640	7755	$350,000	$0

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	NA
Other data	NA

Department of Health and Senior Services (DHSS)

DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)

The Office of Administration oversees all state employee benefits, retirement and IT system needs. Because this is a centralized service, their OA overhead costs are allocated to different SATP programs (like the Prescription Drug Monitoring Program). More information about the Office of Administration can be found at their website **https://oa.mo.gov/**

SAPT Hearing	Aug., Sept. 2024
Presenters	Paula Nickelson Valerie Howard Heidi Miller Sarah Ehrhard Reid
Hearing Highlights	

FUNDING TOTALS

Program Costs

House Bill HB10

Program Name	**FY25 Appropriation**	**FY24 Spent**
Overdose Data to Action	$7,574,071[1]	$3,011,745.17
Fentanyl Test Strips	$216,300	$0
Naloxone Spray	$800,000	$8,000,000
Missouri Coordinating Overdose Response Partnerships and Support (MO_CORPS)	$7,373,704[1]	$726,588.52
Tobacco Cessation Services	$197,000	$97,000
Tobacco Prevention and Control Program	$7,574,071[1]	$1,054,944.24
Tobacco Prevention and Cessation	$2,532,897	$1,179,734.59
Youth Tobacco Use Prevention Services	$300,000	$0
Baby and Me Tobacco Free	$99,300	$99,300
Prenatal Quality Collaborative	$350,000	$221,975.89
Comprehensive Care for Women	$4,322,097	$0
Disease Intervention Specialists	$196,356	$0
Rapid Hepatitis C Testing	$288,750	$0
Hepatitis C Testing	$297,584	$0
Cannabis Prevention and Education Media Campaign	$2,500,000	$0
Adult Use-SUD Grant	$5,848,619	$328,638
Graduate Medical Education (GME) Program	$4,512,500	$0
Wastewater Testing and Surveillance	$2,000,000	$0
Total Cost	$32,035,474[1]	$14,719,926.33

Footnotes

1. Because the appropriations for these programs are not specific to each program and instead fund community health and wellness initiatives with no specific amount appropriated to each program, the appropriation values were only counted once for the total sum.

OVERDOSE DATA TO ACTION

Department, Agency	DHSS
Date started	September 2024

Program description

OD2A-S is a 5-year cooperative agreement that supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and supports using this data to inform prevention and response efforts. OD2A-States focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention strategies.

Program type	Prevention
Substance targeted	Opioids, Stimulants

FUNDING

House Bill HB10.710

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
DHSS Federal Fund	0143	1217, 4977[1]	$995,485[1]	$563,048.02
DHSS Federal Fund	0143	1218, 4979[1]	$199,367[1]	$86,827.57
DHSS Federal Fund	0143	1256, 4982[1]	$6,379,219	$2,361,869.59

SERVICES

Service area	Statewide
Location of services	LPHAs, hospitals, universities, community-based organizations, Coroners and Medical Examiner offices, and statewide entities
Eligibility	Prevention: Various state and local entities are eligible to contract with OD2A-S. Counties experiencing disproportionate rates of overdose fatalities and increased vulnerability to opioid overdose were prioritized for LPHA funding. Surveillance: Coroners and Medical Examiners are eligible to participate in the SUDORS (State Unintentional and Undetermined Drug Overdose Reporting System) program which provides financial incentives to provide toxicology, autopsy and other findings from their drug overdose investigations. Participants also can apply for funding to support enhanced toxicology testing.
Dept, Agency criteria to qualify	Prevention: Contractors must provide overdose prevention services that are in line with the priorities and scope of the OD2A-S cooperative agreement. Surveillance: Coroners and Medical Examiners with contracts are required to provide toxicology, autopsy and other findings from their drug overdose investigations. In order to receive funding for

	enhanced toxicology testing, offices must provide financial documentation from contracted labs who conducted the testing.
Criteria for participant	Prevention: OD2A-S priority populations are those who are disproportionately impacted by overdose, including but not limited to persons who have experienced an overdose or have a history of substance use disorder(s), persons experiencing incarceration or recent release from incarceration, and persons experiencing homelessness Surveillance: CDC provides minimum testing requirements to qualify for toxicology reimbursement.
Capacity	NA
Numbers served	Prevention: • From September 2023 to August 2024, OD2A-S supported 11,858 transportation requests for treatment and recovery services. • From September 2023 to August 2024, 11,779 total harm reduction services encounters were made by OD2A-S contracted LPHAs. • At least 1,840 referrals to MOUD (medication for opioid use disorder), behavioral treatment, and harm reduction services made by OD2A-S contracted LPHAs. Surveillance: • 16 Coroner/Medical Examiner offices will receive record reimbursement in 2024. • 15 Coroner/Medical Examiner offices will receive toxicology reimbursement in 2024.

Other data	**Prevention:** • **Seventeen** LPHAs were contracted for Year 1 (09/01/2023 – 08/31/2024) of Missouri's OD2A-S program. They support capacity building/community collaboration, public safety partnerships/interventions, harm reduction, and community-based linkages to care. • Total naloxone distribution increased by **232.3%** amongst OD2A-S contracted LPHAs from December 2023 to September 2024, suggesting that overall access to the drug has expanded. • From September 2023 to August 2024, OD2A-S contracted LPHAs reported distributing **22,341** total doses, with a mean of 366.2 doses per county and a median of 87.0 doses per county. • OD2A-S supported three (3) local-level overdose prevention focus groups in St. Louis, Kansas City, and Poplar Bluff. There were **128** in-person participants and **47** survey responses. • With support from OD2A-S, as of August 2024, the Missouri Institute of Mental Health has provided naloxone to **85** LPHAs across the state. This is an increase of 13 LPHAs from October 2023. **Surveillance:** • 1,948 Missouri residents died from a drug overdose in 2023. The 10.6% decline from 2022 was the largest decrease in the last decade in Missouri.
Other data Continued	• The African American male drug overdose death rate of 116.6 was over 3 times higher than the white male and African American female death rates which were both 35.0. • While deaths involving heroin decreased by 93% from 2018 to 2023, synthetic opioids (mostly fentanyl), increased by 53% during the same time span. • Polysubstance deaths have also been increasing. Deaths involving both stimulants and opioids increased by 138% from 2013 to 2023. • There were over 17,000 drug overdose diagnosed discharges among Missouri residents in 2023 from an Emergency Room or Inpatient setting. • Emergency Medical Services administered naloxone to nearly 6,000 patients over the latest 12 months of data covering October 2022 through September 2023 A drug overdose dashboard on the DHSS website highlighting trends in fatal and non-fatal overdose was viewed over 33,000 times in the last 12 months (as of November 2024).

Footnotes

1. These appropriations are the total appropriated amount for Community Health and Wellness Initiatives and not just this program. These appropriations have no specific amount appropriated to this program. These appropriations also apply to the programs "Missouri Coordinating Overdose Response" and "Tobacco Prevention and Control Program."

FENTANYL TEST STRIPS

Department, Agency	DHSS
Date started	FY 2025

Program description

Funding supports distribution of fentanyl test strips to local public health agencies and other agencies that work with people who use drugs. These agencies will use the FTS in harm reduction efforts.

Program type	Prevention
Substance targeted	Opioids[1]

FUNDING

House Bill HB10.710

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	6121	$216,300	$0

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	NA
Dept, Agency criteria to qualify	Will be available to all LPHAs and agencies working with PWUD
Criteria for participant	Focused distribution through LPHAs and HIV service organizations.
Capacity	Approximately 200,000 kits will be purchased
Numbers served	Undetermined - Kits will be made available to partners for distribution.
Other data	NA

Footnote

1. This program specifically targets Fentanyl.

NALOXONE SPRAY

Department, Agency	DHSS
Date started	June 2022
Program description	
Funding supports focused naloxone distribution through local public health agencies	
Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill HB10.710

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	2928, 5688	$800,000	$8,000,000

SERVICES

Service area	Statewide
Location of services	Statewide
Eligibility	Local public health agencies (LPHAs), hospitals and probation and parole.
Dept, Agency criteria to qualify	Missouri has chosen a centralized naloxone distribution site.
Criteria for participant	This funding is utilized for focused distribution through local public health departments.
Capacity	Approximately 16,836 Naloxone kits were purchased for distribution with this funding for FY24 July 1, 2023 - June 30, 2024.
Numbers served	NA
Other data	NA

MISSOURI COORDINATING OVERDOSE RESPONSE PARTNERSHIPS AND SUPPORT (MO_CORPS)

Department, Agency	DHSS
Date started	September 2022

Program description

Provide Overdose Response Training for first responders on overdose response and stigma toward people who use drugs in 20 targeted counties. This contract also includes distribution of Naloxone.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill: HB10.710

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
DHSS Federal Fund	0143	1217, 4977[1]	$995,485[1]	$18,388.44
DHSS Federal fund	0143	1256, 4982[1]	$6,379,219[1]	$708,200.08

SERVICES

Service area	St. Louis City, St. Louis County, St. Charles, Jefferson, Greene, Jackson, Clay, Pulaski, Laclede, Warren, St. Genevieve, Phelps, Dent, Gasconade, Montgomery, Butler, Texas, St. Francois, Buchanan, Lincoln [2]
Location of services	Local public health agencies (LPHAs) and first responders for overdose response training and distribution of Naloxone.
Eligibility	The entire state of Missouri, with prioritization of 20 high-need counties based on overdose death rate per capita: St. Louis City, St. Louis County, St. Charles, Jefferson, Greene, Jackson, Clay, Pulaski, Laclede, Warren, Ste. Genevieve, Phelps, Dent, Gasconade, Montgomery, Butler, Texas, St. Francois, Buchanan, Lincoln.
Dept, Agency criteria to qualify	Law Enforcement agencies (including Corrections and Probation/Parole), Fire Departments, EMS agencies, and Local Public Health agencies in the state of Missouri and any law enforcement officer, EMS personnel, firefighter, and local public health worker in Missouri are eligible to participate in training and/or receive naloxone once training is completed.
Criteria for participant	Any first responder agency in Missouri that requests training qualifies to receive training, with priority given to 20 high-need counties listed above. To receive naloxone through the MO-CORPS project, 75% of personnel must be trained in naloxone administration, either through MO-CORPS or through another program of record in the last 24 months.
Capacity	Approximately 20 in-person trainings per month; $745,111 budget for naloxone between y1, y2, and y3.

Numbers served	During FY24, October 1, 2023 – September 30, 2024, 1,898 first responders were trained in person with the MO-CORPS Overdose Chain of Survival curriculum, and 2,902 first responders were trained online (via the MORE online training).
Other data	During FY24, October 1, 2023-September 30, 2024, 8,496 total units (2 doses per unit) were distributed to first responders. 4,013 were for the first responders themselves to carry/administer on OD patients, and 4,483 were in leave-behind naloxone kits (which included linkages to care resource cards). 1,092 units (2 doses per unit) were distributed to local public health agencies. In the post-training surveys, a vast majority of participants (>95%) reported feeling confident in administering naloxone and perceived that the training had provided them with new information and new skills related to overdose response. The training was associated with reduced stigma among law enforcement, Fire and EMS professionals towards people with substance use disorder when comparing pre-and post-training scores of stigma using the Kruis et al stigma scale.

Footnotes:

1. These appropriations are the total appropriated amount for Community Health and Wellness Initiatives and not just this program. These appropriations have no specific amount appropriated to this program. These appropriations also apply to the programs "Overdose Data to Action" and "Tobacco Prevention and Control Program."
2. Target counties were selected based on opioid-involved overdose death counts from 2019-2020. Counties not targeted by previous Missouri grants were weighed more heavily in the selection process.

TOBACCO CESSATION SERVICES

Department, Agency	DHSS
Date started	NA
Program description	
Funding supports MO HealthNet members' use of Missouri Tobacco Quit Services	
Program type	Treatment
Substance targeted	Tobacco

FUNDING

House Bill: HB10.710, 10.712

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	9011, 6595	$97,000	$48,500
DHSS Federal fund	0143	9012, 6594	$100,000	$48,500

SERVICES

Service area	Statewide
Location of services	Missourians ages 18 and older enrolled in MO HealthNet (Medicaid) and use tobacco or nicotine products and want help to quit.
Eligibility	Missourians ages 18 and older enrolled in MO HealthNet (Medicaid) and use tobacco or nicotine products and want help to quit.
Dept, Agency criteria to qualify	MO HealthNet members ages18 and older who want help to quit tobacco. Unknown
Criteria for participant	As funding allows given demand
Capacity	**30.5% (1,297)** of Missourians served by the Missouri Tobacco Quit Services in 2023 were Medicaid members.
Numbers served	NA
Other data	NA

TOBACCO PREVENTION AND CONTROL PROGRAM

Department, Agency	DHSS
Date started	NA

Program description

This funding supports strategies to prevent the initiation of commercial tobacco use among youth and young adults; eliminate exposure to secondhand smoke; promote quitting among adults and youth; and identify and eliminate tobacco-related disparities.

Program type	Prevention, Treatment
Substance targeted	Tobacco

FUNDING

House Bill: HB10.710

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
National and State Tobacco Control Program DP 20-2001	0143	1217, 4977[1]	$995,485[1]	$220,613.19
National and State Tobacco Control Program DP 20-2001	0143	1218, 4979[1]	$199,367[1]	$12,616.86
National and State Tobacco Control Program DP 20-2001	0143	1256, 4982[1]	$6,379,219[1]	$821,714.19

SERVICES

Service area	Statewide
Location of services	This funding serves all Missourians. However, individual programs prioritize funding organizations and personnel efforts to serve counties experiencing the highest rates of tobacco use and secondhand smoke exposure.
Eligibility	Dependent on each program.
Dept, Agency criteria to qualify	National, state, and local entities focused on preventing or reducing tobacco use and exposure to secondhand smoke and e-cigarette aerosol.
Criteria for participant	Programs and services are available to all Missourians.
Capacity	Dependent on program and funding availability Unknown
Numbers served	See the numbers served in SFY23 below.

Youth and Young Adult Prevention:
From 2021 to 2024, **155 Missouri K-12 school districts strengthened** their policies, and **74 enhanced their policies** to

	be more comprehensive by prohibiting the use of all tobacco products (including e-cigarettes) at all times, by everyone, everywhere on campus.
Numbers served continued	**Two colleges** enhanced their tobacco-free campus policies to be comprehensive, including the use of e-cigarettes. TPCP continues to offer training and technical assistance to Missouri colleges and universities to implement comprehensive tobacco-free campus policies or enhance existing policies to meet the elements of a comprehensive policy. **Eliminate exposure to secondhand smoke:** **6,132** Missourians are protected by two new ordinances passed in 2024. One new comprehensive smoke-free community policy was passed in Tarkio. One new city ordinance prohibiting smoking in city-owned properties and parks was passed in Salem. **Two behavioral health** facilities implemented or enhanced tobacco free policies that will **protect 736 clients**. **6 health departments** receive technical assistance from TPCP staff and funding to increase access to smoke-free air in their communities. **14 new or enhanced tobacco-free worksite policies protect over 78,000 Missourians** from exposure to secondhand smoke and electronic cigarette aerosol in Dallas, Ripley, and Lafayette counties to increase tobacco-free worksite policies. **Promote quitting among adults and youth:** **Seven behavioral health facilities** participated in the Missouri Tobacco Health Systems Change Behavioral Health Community of Practice and identified rapid improvement goals pertaining to implementing or expanding their tobacco use disorder (TUD) treatment services. **4,323** members registered for Missouri Tobacco Quit Services in 2023 (Quitline data is provided by calendar year). Of those receiving services: • **1,906** had poor mental health • **1,607** had low educational attainment • **1,130** had an annual income below $15,000 **Media** **3 media campaigns** with a reach of **109,379,678** targeting the general population and populations experiencing tobacco-related disparities to prevent and reduce tobacco use and secondhand smoke exposure and promote quitting. **2,350 EARNED media efforts** targeting the general population and populations experiencing tobacco-related disparities to raise awareness of quit support services and promote quitting reached **1,913,589 Missourians**. • **6 EARNED media efforts** to support, leverage, and extend the Tips from Former Smokers® Campaign reached **103,335 Missourians.**

Other data	NA

Footnote

1. These appropriations are the total appropriated amount for Community Health and Wellness Initiatives and not just this program. These appropriations have no specific amount appropriated to this program. These appropriations also apply to the programs "Overdose Data to Action" and "Missouri Coordinating Overdose Response."

TOBACCO PREVENTION AND CESSATION

Department, Agency	DHSS
Date started	NA

Program description

This funding supports strategies to prevent the initiation of commercial tobacco use among youth and young adults, with a special emphasis on electronic cigarette use, to promote quitting among adults and youth, increase access to tobacco cessation services.

Program type	Prevention, Treatment
Substance targeted	Tobacco

FUNDING

House Bill HB10.700

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Health Initiatives Fund	0275	7653, 5687	$2,532,897	$1,179,734.59

SERVICES

Service area	Butler, Dent, McDonald, Pettis, Moberly, Atchison, St. Louis City, Kansas City, City of St. Joe, Stone, Butler[1]
Location of services	LPHAs, primary health and behavioral healthcare organizations, other national, state, and local entities
Eligibility	LPHAs, primary health and behavioral healthcare organizations, other national, state, and local entities
Dept, Agency criteria to qualify	Programs are available statewide, but funding is prioritized to organizations that serve counties experiencing the highest rates of tobacco use and exposure to secondhand smoke.
Criteria for participant	Funding is prioritized to organizations that serve counties experiencing the highest rates of tobacco use and exposure to secondhand smoke.
Capacity	Dependent on each program.
Numbers served	Dependent on the program and funding availability.

Other data	See the numbers served for SFY23 below. **Youth Leadership Program:** **8** community partner organizations and schools. **140** youth trained. **122** youths joined as Next to Rise members. **512** hours of volunteer service by youth. **Baby and Me Tobacco Free:** **119** women screened for tobacco use during Year 1 of the in-person program at three LPHAS **36** women enrolled in the program and quit tobacco during pregnancy and postpartum.
Other data continued	**Tobacco Treatment Specialist Training** **41** individuals from **32** different organizations completed the training. **75%** of participants report using their TTS skills to serve clients skills at least monthly with **42%** using these skills weekly to serve Missourians. **Health Systems Change Programs** **10** behavioral health and health care organizations participate in the health systems change community of practice and are improving the way they screen and treat tobacco. **22** behavioral health and healthcare providers participated in an in-person training to provide group tobacco cessation counseling **Missouri Tobacco Quit Services (2023 data)** **4,323** Missourians served **58% were Medicaid or Medicare members** **40.2% had an annual income below $15,000** **52%** had a high school education/GED or less

Footnotes:

1. Youth leadership program to reduce youth vaping (Butler to Kansas City), Baby and Me Tobacco Free (City of St. Joe and Butler), Tobacco Treatment Specialist training is offered statewide.

YOUTH TOBACCO USE PREVENTION SERVICES

Department, Agency	DHSS
Date started	FY 2025

Program description

This funding supports strategies to prevent the initiation of commercial tobacco use among youth and young adults, with a special emphasis on electronic cigarette use.

Program type	Prevention
Substance targeted	Tobacco

FUNDING

House Bill HB10.713

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Health Initiatives Fund	0275	7653, 5687	$300,000	$0

SERVICES

Service area	Statewide
Location of services	K-12 schools. The DHSS Tobacco Prevention and Control Program is developing a contract to provide a Youth Vaping TEAMS program to up to ten (10) selected schools/districts to address the youth vaping epidemic in their communities. TEAMS is an evidence-based model designed by the American Academy of Pediatrics for improving health in school settings. The Youth Vaping TEAMS model will convene an interdisciplinary team comprised of three (3) to eight (8) members for each school district, with at least one administrator or principal; one local public health agency representative; one local healthcare provider; a variety of other school positions that may include school nurses, student resource officers teachers, counselors, social workers, athletic trainers, health teachers, coaches, and from one or more schools in a school district; and may also include one local prevention resource center representative.
Eligibility	Statewide
Dept, Agency criteria to qualify	For the first cohort, priority will be given to schools and districts ready to address vaping and tobacco use by closing gaps in current policies around cessation, communication, enforcement, and supportive discipline
Criteria for participant	Schools
Capacity	The first cohort will be up to ten schools with up to 8 participants from each school. The maximum participant capacity will be 80 participants.

Numbers served	The program has not yet been implemented but anticipates ten schools to participate in the first cohort (year 1 – 2024-25 school year)
Other data	Additional outcome data will include the number of new or enhanced comprehensive K-12 tobacco policies. The number of referrals to My Life My Quit and Missouri Tobacco Quit Services from counties where schools participate in the TEAMS program.

BABY AND ME TOBACCO FREE

Department, Agency	DHSS
Date started	NA

Program description

This funding is to support tobacco cessation via telehealth for pregnant and postpartum moms in Missouri. It supports moms with evidence-based interventions to end tobacco use, including electronic cigarette use.

Program type	Treatment
Substance targeted	Tobacco

FUNDING

House Bill HB10.770

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	5768	$99,300	$99,300

SERVICES

Service area	Statewide
Location of services	LPHAs, primary health and behavioral healthcare organizations, other national, state, and local entities
Eligibility	Any woman in Missouri who is pregnant and using tobacco or e-cigarettes and wants to quit.
Dept, Agency criteria to qualify	Program is provided statewide
Criteria for participant	Must be pregnant to enroll.
Capacity	Unknown
Numbers served	Since the program started, 205 women have participated.
Other data	Babies born to moms enrolled in the program were almost all born at term and considered at normal birthweight.

PRENATAL QUALITY COLLABORATIVE

Department, Agency	DHSS
Date started	NA

Program description

This funding is provided by opioid settlement funds to support the prevention of opioid use disorder (OUD) among pregnant and postpartum women in Missouri. It funds a Perinatal Quality Collaborative, which is a multi-sector partnership that works to implement.

Program type	Prevention
Substance targeted	Opioids

FUNDING

House Bill HB10.770

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	9523, 5788	$350,000	$221,975.89

SERVICES

Service area	Statewide
Location of services	Any woman in Missouri who is pregnant and using tobacco or e-cigarettes and wants to quit.
Eligibility	Program is provided statewide
Dept, Agency criteria to qualify	Must be pregnant to enroll.
Criteria for participant	Unknown
Capacity	Since the program started, 205 women have participated.
Numbers served	Babies born to moms enrolled in the program were almost all born at term and considered at normal birthweight.
Other data	Any woman in Missouri who is pregnant and using tobacco or e-cigarettes and wants to quit.

COMPREHENSIVE CARE FOR WOMEN

Department, Agency	DHSS
Date started	FY 2025

Program description

This funding supports specialized, wraparound treatment centers for pregnant and postpartum women with OUD to receive care from a team of subject matter experts applying evidence-based treatment for sobriety and to reduce morbidity and mortality from OUD. Additionally, this funding supports obstetric overdose prevention kits.

Program type	Treatment
Substance targeted	Opioids

FUNDING

House Bill HB10.770

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	6149	$108,515	$0
Opioid Addiction Treatment and Recovery Fund	0705	5788	$4,213,582	$0

SERVICES

Service area	Jackson, St. Louis County, Greene, Cape Girardeau, Jefferson, Marion
Location of services	Hospitals, Birthing Units, Clinics
Eligibility	Hospitals, Birthing Units, Clinics
Dept, Agency criteria to qualify	Program is provided to women expressing need for prenatal care or postpartum care with OUD or have significant risk factors for OUD.
Criteria for participant	Need to be able to provide services to needed service regions and have expertise in providing care to individuals with OUD and to pregnant patients. Must be a level four hospital.
Capacity	Women must be pregnant and/or postpartum with OUD or significant risk factors for OUD.
Numbers served	NA[1]
Other data	NA

Footnote

1. The FY 2025 program is under development, which is why baseline data/information is not available.

DISEASE INTERVENTION SPECIALISTS

Department, Agency	DHSS
Date started	FY 2025

Program description

This funding provides for the hiring of three additional Disease Intervention Specialists (DIS) to provide Partner Services to people recently diagnosed with HIV or syphilis and to ensure that the original partner is successfully treated or linked to care. At least one of these FTEs will focus on maternal and child health in regard to congenital syphilis and perinatal HIV.

Program type	Prevention
Substance targeted	STDs

FUNDING

House Bill HB10.740

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	7472	$165,129	$0
Opioid Addiction Treatment and Recovery Fund	0705	7471	$31,227	$0

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	Pregnant women diagnosed with Syphilis or HIV
Dept, Agency criteria to qualify	Program provided statewide
Criteria for participant	Pregnant women diagnosed with Syphilis or HIV
Capacity	Undetermined
Numbers served	Unknown, as cases are worked as assigned.
Other data	All three positions are Maternal Health DIS. Two will start by December 31. 2024. The third position is likely to be filled in late December.

RAPID HEPATITIS C TESTING

Department, Agency	DHSS
Date started	FY 2025

Program description

This funding provides the Viral Hepatitis Prevention Program the ability to expand its rapid Hepatitis C (HCV) testing program. Funds will be used to purchase rapid point of rate test kits and required ancillary supplies.

Program type	Prevention
Substance targeted	STDs

FUNDING

House Bill HB10.740

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	6161	$288,750	$0

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	Service is access through partners.
Dept, Agency criteria to qualify	Agencies providing rapid HCV testing must sign MOA.
Criteria for participant	Participants must be over the age of 13.
Capacity	Funding will allow the purchase of approximately 11,000 test kits
Numbers served	N/A as of 11.27.24
Other data	The first order of kits and controls was placed in November 2024.

HEPATITIS C TESTING

Department, Agency	DHSS
Date started	FY 2025

Program description

Program was developed to increase access to Hepatitis C virus (HCV) antibody screening and confirmatory testing for under and uninsured individuals. Hepatitis C is curable, with a cure rate of over 95 percent, and reduces the risk of cirrhosis and liver cancer as well as prevents transmission to others. The cost to treat one person with Hepatitis C is approximately $24,000, compared to the costs of a liver transplant for approximately $878,400. This will expand the State Public Health Lab's ability to process testing for HCV. Missouri's Hepatitis C Elimination Plan goal is to increase access to Hepatitis C prevention, testing, and treatment for all Missourians. Expanding access to antibody screening and confirmatory testing aligns not only with the Hepatitis C Elimination Plan but with MO HealthNet's Project Hep Cure, which makes MAVYRET®, an HCV medication, available to MO HealthNet participants. Medication availability and increased access to testing can help Missouri eliminate HCV. The Department currently provides rapid point-of-care testing for HCV antibodies. This has increased access to screenings, but these point-of-care tests must then be confirmed with testing specific to the HCV viral RNA that is offered by the SPHL through this program before treatment is approved.

Program type	Prevention, Treatment
Substance targeted	STDs

FUNDING

House Bill HB10.740

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	6187	$53,871	$0
Opioid Addiction Treatment and Recovery Fund	0705	6185	$4,675	$0
Opioid Addiction Treatment and Recovery Fund	0705	6160	$239,038	$0

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	Any organization that submits specimens to the State Public Health Lab may submit for Hepatitis C testing
Dept, Agency criteria to qualify	Agency must be able to submit specimens to the State Public Health Lab
Criteria for participant	N/A
Capacity	Based on the funding appropriated in FY 25, the SPHL has the capacity to screen 15,000 specimens for Hepatitis C using the antibody test and based on a projected positive rate of 10%, have the ability to

	provide confirmatory testing for HCV viral RNA on 1,500 specimens.
Numbers served	For CY 2024 through the month of November, 2,093 specimens have been received for HCV antibody screening at the SPHL with 195 (9.54%) of those specimens screening positive and being reflexed to confirmatory testing. Out of those 195 specimens on which confirmatory HCV viral RNA testing was conducted, 94 (48.21%) were confirmed as positive.
Other data	NA

CANNABIS PREVENTION AND EDUCATION MEDIA CAMPAIGN

Department, Agency	DHSS
Date started	FY 2025

Program description

Ensure Missourians have access to sufficient evidence-based information to make informed-decisions about cannabis use and its impacts by providing educational information centered around youth prevention and adult use education and harm reduction.

Program type	Prevention
Substance targeted	Cannabis

FUNDING

House Bill HB10.710

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Veterans, Health, and Community Reinvestment Fund	0608	6118	$2,500,000	$0

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	An organization with expertise and experience in utilizing evidence-based information and strategies for educational media campaigns that address cannabis use, specifically promoting prevention among youth and harm reduction among adults. Additionally, expertise and experience in conducting in-depth formative research to develop educational media campaigns and create tailored messaging specifically for Missouri.
Dept, Agency criteria to qualify	Mass media campaigns with cannabis prevention and education information and materials that target change behavior.
Criteria for participant	Target populations include the adult population (education and harm reduction content), consisting of individuals aged 21 and older who are legally permitted to purchase or use nonmedical cannabis products, and the youth population (education and prevention content), consisting of individuals under the age of 21 who are not legally permitted to purchase or use nonmedical cannabis products.
Capacity	NA
Numbers served	To be determined.

Other data	Cannabis is the most used federally illegal drug in the United States, with an estimated 61.9 million people using it in 2022. Cannabis use may have a wide range of health effects on the body and brain. According to the National Institutes of Health, research shows an increase in public health issues in states where both medical and recreational cannabis use has been legalized.[1] The High School Youth Risk Behavior Survey (YRBS) showed an estimated 16.7% of Missouri high school students were current users of cannabis and cannabis products, compared to the national average of 15.8% in 2021.[2] Moreover, the Missouri Assessment of College Health Behaviors (MACHB) found cannabis use during the past year increased from 37.2% in 2022 to 32.6% in 2023 among Missouri college students.[3]

Footnotes:

1. National Institutes of Health. (2024). Current cannabis use in the United States: Implications for public health research. American Journal of Public Health, 114(S8), S624–S627. https://doi.org/10.2105/ajph.2024.307823.
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ADULT USE - SUD GRANTS

Department, Agency	DHSS
Date started	FY 2025

Program description

Ensure Missourians have access to sufficient evidence-based information to make informed-decisions about cannabis use and its impacts by providing educational information centered around youth prevention and adult use education and harm reduction.

Program type	Prevention, Treatment, Recovery
Substance targeted	Cannabis

FUNDING

House Bill HB10.905

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Health Reinvestment Fund	0640	3756	$5,848,619	$328,638

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	An agency, including an established or new business or organization, or a non-profit organization, including a local or state government or community-based organization located in Missouri, that engages in a) implementing or enhancing projects related to substance use disorder (SUD) prevention, treatment, or recovery support or b) providing services related to SUD prevention, treatment, or recovery support.
Dept, Agency criteria to qualify	To be determined by individual notice of grant opportunities.
Criteria for participant	Agencies and organizations serving populations with the highest rates of drug-related overdose shall be prioritized
Capacity	NA
Numbers served	To be determined
Other data	In 2021, an estimated 904,000 Missouri residents (or 17.5% of the population ages 12 and older) had a substance use disorder. They included 10.2% with an alcohol use disorder and 9.7% with a drug use disorder. This latter group included 2.0% with an opioid use disorder and 92,000 1.8% with a prescription pain reliever use disorder. Among the Missouri residents with a SUD, an estimated 15.5% indicated that they were unable to receive specialty SUD treatment or needed additional treatment. They included 9.7% with unmet or under-met need for alcohol use disorder treatment and 7.6% for drug use disorder treatment.[1]

Footnotes:

1. Missouri Department of Mental Health, Division of Behavioral Health. (2023). ANNUAL STATUS REPORT ON MISSOURI'S SUBSTANCE USE AND MENTAL HEALTH (29th ed.). https://dmh.mo.gov/sites/dmh/files/media/pdf/2024/01/sr2023-section-a_0.pdf.

GRADUATE MEDICAL EDUCATION (GME) PROGRAM

Department, Agency	DHSS
Date started	FY 2025

Program description

Funding supports Missouri GME programs to include training on addiction in the curriculum offered to medical residents. The funds are used for new program development and expansion of resident slots.

Program type	Prevention, Treatment
Substance targeted	All substances

FUNDING

House Bill HB10.755

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	6143	$4,512,500	$0

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	NA
Other data	NA

WASTEWATER TESTING AND SURVEILLANCE

Department, Agency	DHSS
Date started	FY 2025
Program description	
Funding supports testing of fentanyl in wastewater of schools.	
Program type	Prevention, Treatment
Substance targeted	Opioids[1]

FUNDING

House Bill HB10.710

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Opioid Addiction Treatment and Recovery Fund	0705	8009	$2,000,000	$0

SERVICES

Service area	NA
Location of services	NA
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	NA
Other data	NA

Footnotes:

1. This program specifically targets Fentanyl

Department of Senior Services (DSS)

DEPARTMENT OF SOCIAL SERVICES (DSS)

The Department of Social Services coordinates programs to provide public assistance, health care, child welfare, and assist troubled youth. DSS also combats fraud in public assistance programs, manages Medicaid audit and compliance initiatives, and supports law enforcement in child safety

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Presenters	XX XX

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FUNDING TOTALS

Program Costs

House Bill HB11

Program Name	**FY24 Appropriation**	**FY23 Spent**
Substance Abuse Prevention Network	$5,700,000	$2,397,194
Medication Assisted Treatment - Drugs	$25,131,149[1]	$25,131,149
Medication Assisted Treatment – Adult Expansion Group	$29,483,005[1]	$29,483,005
Naloxone	$1,191,377[1]	$1,191,377
Naloxone – Adult Expansion Group	$882,913[1]	$882,913
Treatment for Therapy (Family/Group/Individual)	$2,684,677[1]	$2,684,677
Assessment/Testing/Screening/Referral for SUD Treatments	$1,369,474[1]	$1,369,474
Total Costs	$66,442,595	$63,139,789

Footnotes:

1. There is no amount appropriated specifically for payments for these programs. The numbers included here use the amount spent in FY24 for each program as an estimate of the FY25 appropriation

SUBSTANCE ABUSE PREVENTION NETWORK

Department, Agency	DSS
Date started	NA
Program description	
Grant programs for FQHCs for a substance abuse prevention network.	
Program type	Prevention
Substance targeted	Opioids[1]

FUNDING

House Bill HB11.790

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
GR/Fed/Opioid	Unknown	4084, 4085, 4086, 4088, 4089	$5,700,000	$2,397,194

SERVICES

Service area	Jackson, Washington, St. Louis, Camden, Miller, Greene
Location of services	FQHCs
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	Unknown
Numbers served	5,893 in FY25
Other data	NA

Footnotes:

1. This program has multiple projects focused mainly on opioids and other substance use (excluding tobacco)

MEDICATION ASSISTED TREATMENT - DRUGS

Department, Agency	DSS
Date started	NA
Program description	
Payments for pharmaceutical assistance for substance abuse treatment.	
Program type	Treatment
Substance targeted	Opioids and Alcohol

FUNDING

House Bill HB11.700

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
GR/Fed/other	Unknown	2525, 8897, 2526, 1394, 6995, 5586, 3066, 6057	$25,131,149[1]	$25,131,149

SERVICES

Service area	Statewide
Location of services	Pharmacies
Eligibility	NA
Dept, Agency criteria to qualify	Medicaid Service
Criteria for participant	Medically Necessary
Capacity	Uncapped
Numbers served	72,666 people for all medication assisted treatment programs, including adult expansion groups
Other data	NA

Footnotes:

1. Reported FY25 appropriation includes the amount appropriated for all drugs that are reimbursed through Medicaid. There is no amount appropriated specifically for payments for pharmaceutical assistance for substance abuse treatment, therefore, the number included here uses the amount spent in FY24 as an estimate of the FY25 appropriation.

MEDICATION ASSISTED TREATMENT – ADULT EXPANSION GROUP

Department, Agency	DSS
Date started	NA
Program description	
Payments for pharmaceutical assistance for substance abuse treatment.	
Program type	Treatment
Substance targeted	Opioids and Alcohol

FUNDING

House Bill HB11.830

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
GR/Fed/Other	Unknown	1990, 1991, 1994, 1995, 1997, 2001	$29,483,005[1]	$29,483,005

SERVICES

Service area	Statewide
Location of services	Pharmacies
Eligibility	NA
Dept, Agency criteria to qualify	Medicaid Service
Criteria for participant	Medically Necessary
Capacity	Uncapped
Numbers served	72,666 people for all medication assisted treatment programs[2]
Other data	NA

Footnotes:

1. Reported FY25 appropriation includes the amount appropriated for all drugs that are reimbursed through Medicaid. There is no amount appropriated specifically for payments for pharmaceutical assistance for substance abuse treatment, therefore, the number included here uses the amount spent in FY24 as an estimate of the FY25 appropriation.
2. See the program "Medication Assisted Treatment -Drugs" under DSS.

NALOXONE

Department, Agency	DSS
Date started	NA
Program description	
Payments for Naloxone through the Medicaid pharmacy program.	
Program type	Treatment
Substance targeted	Opioids

FUNDING

House Bill HB11.700

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
GR/Fed/Opioid	Unknown	2525, 8897, 7256, 1394, 6995, 5586, 3066, 3057	$1,191,377[1]	$1,191,377

SERVICES

Service area	Statewide
Location of services	Pharmacies
Eligibility	NA
Dept, Agency criteria to qualify	NA
Criteria for participant	Medicaid Service
Capacity	Medically Necessary
Numbers served	23,156 people
Other data	NA

Footnotes:

1. There is no amount appropriated specifically for payments for Naloxone. The number included here uses the amount spent in FY24 as an estimate of the FY25 appropriation.

NALOXONE – ADULT EXPANSION GROUP

Department, Agency	DSS
Date started	NA
Program description	
Payments for Naloxone through the Medicaid pharmacy program.	
Program type	Treatment
Substance targeted	Opioids

FUNDING

House Bill HB11.830

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
GR/Fed/Other	Unknown	1990, 1991, 1994, 1995, 1997, 2001	$882,913[1]	$882,913

SERVICES

Service area	Statewide
Location of services	Pharmacy
Eligibility	NA
Dept, Agency criteria to qualify	Medicaid Service
Criteria for participant	Medically Necessary
Capacity	Uncapped
Numbers served	Included in the total 23,156 people for Naloxone
Other data	NA

Footnotes:

1. There is no amount appropriated specifically for payments for Naloxone. The number included here uses the amount spent in FY24 as an estimate of the FY25 appropriation.

TREATMENT FOR THERAPY (FAMILY/GROUP/INDIVIDUAL)

Department, Agency	DSS
Date started	NA

Program description

Reimbursement for a therapy treatment related to a SUD diagnosis.

Program type	Treatment
Substance targeted	All substances

FUNDING

House Bill: HB11.750, 11.760, 11.765, 11.810, 11.815, 11.830

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
GR/Fed/Other	Unknown	8196, 8197, 8295, 3067, 6996, 1785, 3711, 7166, 1182, 1183, 1464, 1468, 2866, 7562, 1990, 1991	$2,684,677[1]	$2,684,677

SERVICES

Service area	Statewide
Location of services	Pharmacies
Eligibility	NA
Dept, Agency criteria to qualify	Medicaid Service
Criteria for participant	Medically Necessary
Capacity	Uncapped
Numbers served	4,186 through fee-for-service, 3,574 through managed care
Other data	NA

Footnotes:

1. There is no amount appropriated specifically for payments for therapy treatments related to substance abuse treatments. The number included here uses the amount spent in FY24 as an estimate of the FY25 appropriation.

ASSESSMENT/TESTING/SCREENING/REFERRAL FOR SUD TREATMENT

Department, Agency	DSS
Date started	NA
Program description	
Reimbursement for testing/screening for individuals with a potential SUD diagnosis.	
Program type	Treatment
Substance targeted	All substances

FUNDING

House Bill: HB11.750, 11.760, 11.765, 11.810, 11.815, 11.830

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
Unknown	Unknown	8196, 8197, 8295, 3067, 6996, 1785, 3711, 7166, 1182, 1183, 1464, 1468, 2866, 7562, 1990, 1991	$1,369,474[1]	$1,369,474

SERVICES

Service area	Statewide
Location of services	Pharmacies
Eligibility	NA
Dept, Agency criteria to qualify	Medicaid Service
Criteria for participant	Medically Necessary
Capacity	Uncapped
Numbers served	4,186 through fee-for-service, 3,574 through managed care
Other data	NA

Footnotes:

1. There is no amount appropriated specifically for payments for assessment, testing, screening, or referrals related to substance abuse treatments. The number included here uses the amount spent in FY24 as an estimate of the FY25 appropriation.

Office of Administration (OA)

OFFICE OF ADMINISTRATION (OA)

The Office of Administration oversees all state employee benefits, retirement and IT system needs. Because this is a centralized service, their OA overhead costs are allocated to different SATP programs (like the Prescription Drug Monitoring Program). More information about the Office of Administration can be found at their website **https://oa.mo.gov/**

SAPT Hearing	NA
Presenters	XX XX
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FUNDING TOTALS

Program Costs

House Bill	HB5

Program Name	**FY25 Appropriation**	**FY24 Spent**
Prescription Drug Monitoring Program (PDMP)	$ 1,455,110	$ 907,935.63

Administrative Costs

Program Name	**FY25 Appropriation**	**FY24 Spent**
Employee Benefits/Fringe - OASDHI, MCHCP, and Retirement	$ 162,736	$0
Total Costs	$ 1,617,846	$ 907,935.63

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Department, Agency	OA
Date started	NA

Program description

The PDMP was established for the purpose of overseeing the collection and use of patient dispensation information for prescribed Schedule II, III, or IV controlled substances. All prescribers and dispensers of controlled substances in Missouri may have access to patient dispensation information to assist with prescribing and dispensing decisions.

Program type	Prevention
Substance targeted	All Controlled Substances[1]

FUNDING

House Bill HB5.005

Funding Source	Acct #	Appropriation #	FY25 Appropriation	FY24 Spent
General Revenue	0101	2919	$257,899	$112,480.92
General Revenue	0101	2931	$1,197,211	$795,454.71

SERVICES

Service area	Statewide
Location of services	NA
Eligibility	All prescribers and dispensers of controlled substances in Missouri
Dept, Agency criteria to qualify	NA
Criteria for participant	NA
Capacity	NA
Numbers served	22,000 active accounts
Other data	NA

Footnotes:

1. Specific substances include Schedule II, II, and IV controlled substances.

Employee Benefits/Fringe - OASDHI, MCHCP, and Retirement

Department, Agency	OA
Date started	Unknown

Program description

Employee Benefit/fringe payments are paid from the same fund as a state employee's normal salary. This is the estimated amount of Medicare & Social Security Taxes that will be paid from Fund 0705 (Opioid Addiction Treatment and Recovery Fund). The actual amounts will depend on the number of employees being paid from Fund 0705 in FY25.

Program type	NA
Substance targeted	NA, Administrative

FUNDING

House Bill: HB5.450, 5.470, 5.520

Funding Source	Acct #	Appropriation #	FY24 Appropriation	FY23 Spent[1]
Opioid Addiction Treatment and Recovery Fund	0705	T293	$ 30,996	$0
Opioid Addiction Treatment and Recovery Fund	0705	T297	$ 92,870	$0
Opioid Addiction Treatment and Recovery Fund	0705	T304	$ 38,870	$0

Footnotes:

1. No fringe benefits were paid in FY24.

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EXHIBITS FROM DEPARTMENTS

Missouri Department of Social Services

MoHealthNet

Reports and Graphs For Substance Use Disorder Task Force

Prepared 6/18/2024

Substance Use Disorder Treatments

MHD has open access for Medication -Assisted Therapy (MAT)

- MO HealthNet continues to encourage the use of MAT with no prior authorization required for preferred opioid use disorder medications.
- MO HealthNet does not require ongoing counseling to receive MAT for opioid use disorder
- MO HealthNet does not have a limit to the duration of MAT or number of attempts

The data contained within is for MO HealthNet participants only, it does not include commercially insured prescriptions (unless MO HealthNet is secondary) or self-pay prescriptions The paid amount included within is the amount paid to the MO HealthNet provider and does not include any rebates from pharmaceutical manufacturers.

Reimbursed Amount for Select Substance Use Disorder Treatments

SFY	Participant Count	Reimbursement Amount
2024	72,666	$54,614,154

- Chart includes unique participants who received at least one claim for one of the following products (or generic) during the state fiscal year (SFY):
  - Buprenorphine containing tablets, films and injectables
  - Naltrexone tablets and injectable
  - Disulfiram tablets
  - Acamprosate tablets
  - Varenicline tablets
  - Buproprion (with a diagnosis of tobacco use disorder)
  - Nicotine replacement

Data Accessed on 6/18/2024
All data is based on paid MO HealthNet claims through 6/18/2024

Reimbursed Amount for Select Opioid Use Disorder Treatments

SFY	Participant Count	Reimbursement Amount
2024	14,580	$33,924,559

- Chart includes unique participants who received at least one claim for one of the following products (or generic) during the state fiscal year (SFY):
  - Buprenorphine containing tablets, films and injectables
  - Naltrexone tablets and injectable (with diagnosis of OUD)

Data Accessed on 6/18/2024
All data is based on paid MO HealthNet claims through 6/18/2024

Reimbursed Amount for Select Alcohol Use Disorder Treatments

SFY	Participant Count	Reimbursement Amount
2024	7,630	$1,449,603

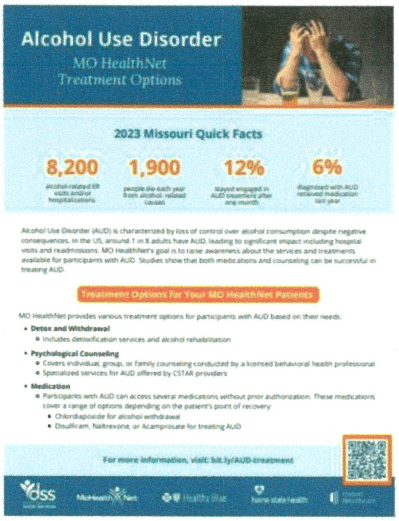
- Chart includes unique participants who received at least one claim for one of the following products (or generic) during the state fiscal year (SFY):
  - Naltrexone tablets and injectable (with diagnosis of AUD)
  - Disulfiram tablets
  - Acamprosate tablets

Data Accessed on 6/18/2024
All data is based on paid MO HealthNet claims through 6/18/2024

Alcohol Use Disorder – Provider Blast

- May 2024 – MO HealthNet sent a provider blast on AUD treatment options to providers
- Flyer also available on the MO HealthNet pharmacy page at:

  https://mydss.mo.gov/media/pdf/aud-treatment-options-may-2024



Reimbursed Amount for Select Tobacco Use Disorder Treatments

SFY	Participant Count	Reimbursement Amount
2024	58,218	$8,844,502

- Chart includes unique participants who received at least one claim for one of the following products (or generic) during the state fiscal year (SFY):
  - Nicotine replacement
  - Varenicline tablets
  - Buproprion (with a diagnosis of tobacco use disorder)

Data Accessed on 6/18/2024
All data is based on paid MO HealthNet claims through 6/18/2024

Substance Use Disorder Treatments

Specialized treatment and rehabilitation services for substance use disorders (SUD) are provided through Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs. The state match for these services is in the Department of Mental Health budget.

MO HealthNet covered services for SUD in addition to those provided through CSTAR programs include all of the following:

- Detoxification services provided in hospitals
- Screening, brief intervention, and referral to treatment provided by primary care health homes
- Diagnostic assessment and individual, family, or group counseling/psychotherapy provided by licensed behavioral health professionals (i.e., psychologists, social workers, professional counselors, marital & family therapists)
- Physician/psychiatrist and advanced practice nurse services to assess/diagnose SUD and prescribe and manage medications– office based MAT
- Managed care members also receive care coordination and care management services for SUD

Reimbursed Amount for Opioid Rescue Agents

SFY	Participant Count	Spend
2024	23,156	$2,074,289

- In April 2021 MO HealthNet implemented a policy to require participants on an opioid and another agent that places the participant at higher risk of overdose to receive a naloxone rescue agent in the past 2 years to be able to continue to receive the opioid and/or the other high risk agent
- Chart includes unique participants who received at least one claim for one opioid rescue agent during the state fiscal year (SFY)

Data Accessed on 6/18/2024
All data is based on paid MO HealthNet claims through 6/18/2024

Reimbursed Amount for Dispose Rx Packets

SFY	Participant Count	Spend
2024	5,579	$138,808

- In January 2022 MO HealthNet, Department of Health & Senior Services, and the MO Board of Pharmacy partnered to give access to Dispose Rx packets so that participants could safely dispose of medication at home
- Chart includes unique participants who received at least one claim for one Dispose Rx packet during the state fiscal year (SFY)

Data Accessed on 6/18/2024
All data is based on paid MO HealthNet claims through 6/18/2024

Access Points to Substance Use Services

Nora Bock
Division of Behavioral Health
Department of Mental Health
July 25, 2024

How Do We Help Missourians with SUD?

- Diversify access points to the system
- Increase number of programs
- Train programs and professionals in evidence-based practices
- Distribute more Narcan
- Prevent or delay use of substances
- Build resiliency and recovery skills
- Identify barriers and initiate efforts to address them

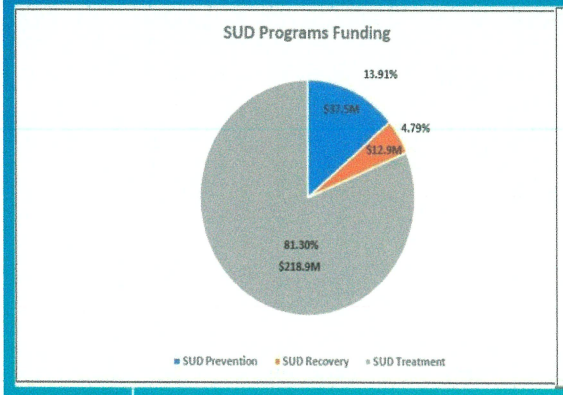
Metrics/Measures

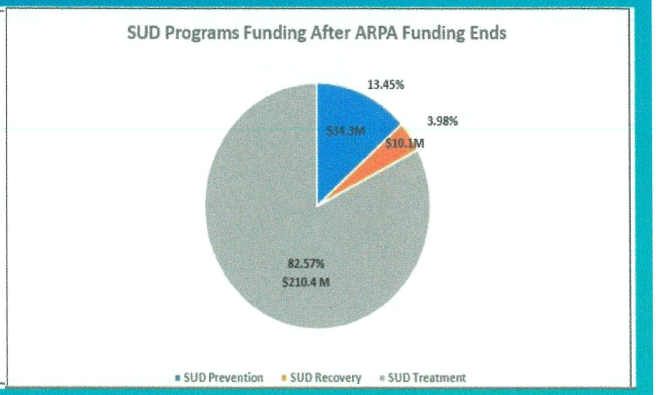
- Number served
- Number referred
- Number trained
- Number of professionals, staff
- Number of programs
- Number of overdoses
- Number of naloxone kits distributed
- Satisfaction
- Point in time reports on substance use, housing, employment, social relationships, legal involvement

Missouri's Estimated Economic Costs Due to Substance Use Disorders =

$8.5B

Community-based SUD Appropriations





ACCESS

Contact DMH

Call/E-Mail

- Call (800) 575-7480
  - Real person will:
    - Connect with someone to answer questions
    - Provide phone numbers for treatment programs/resources
- Write to dbhmail.dmh.mo.gov

Webpages

- Behavioral Health – Substance Use and Mental Illness | dmh.mo.gov
  - Base page that features *Crisis Services* and *Locate Treatment & Services*
  - Programs offered by or through DBH
  - Provider information
  - Additional resources/links

Access through Programs & Stakeholders

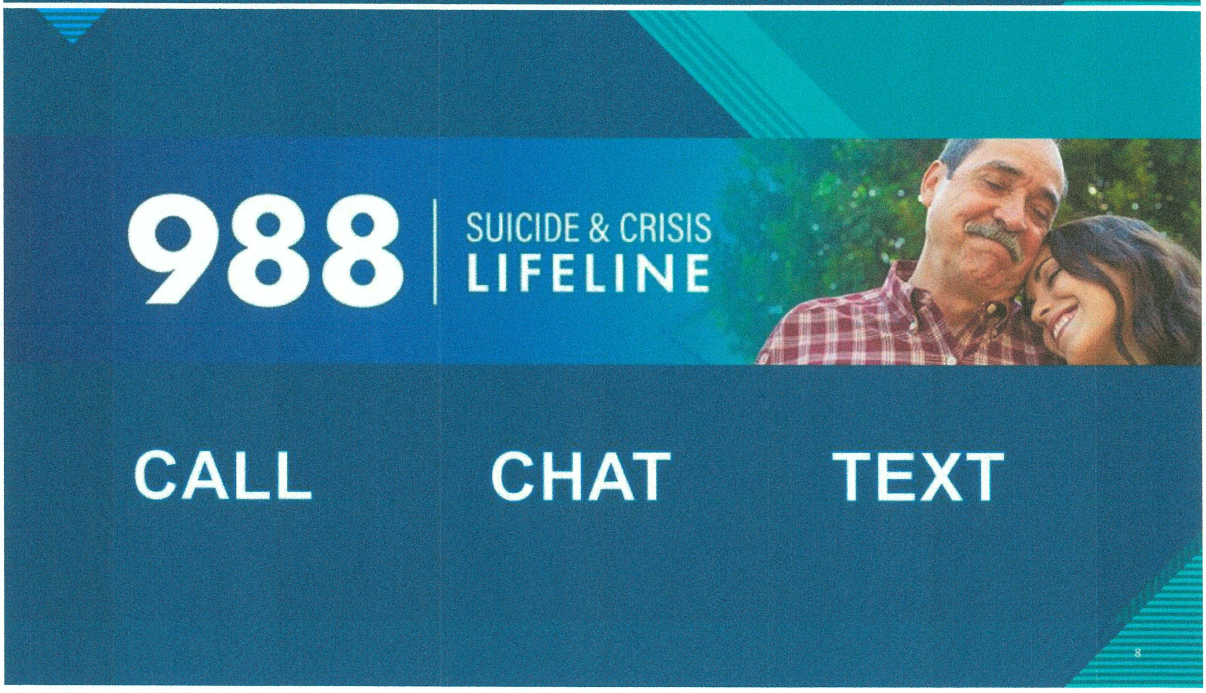
Programs

- **988**
- Crisis Intervention/Diversion
- CCBHOs/CSTARs
- Recovery Support Providers
- Prevention Resource Centers

Stakeholders

- Law Enforcement & First Responders
- Department of Corrections/Probation & Parole
- Department of Social Services/MO HealthNet
- Office of State Courts Administrator
- Missouri Behavioral Health Council

7



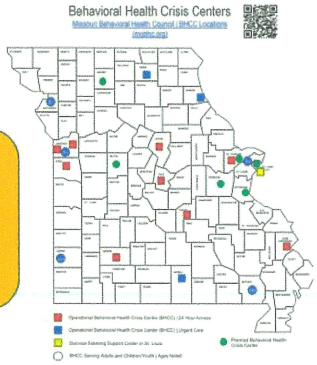
8

Crisis Intervention & Diversion

- Behavioral Health Crisis Centers (BHCCs)
- Community Behavioral Health Liaisons (CBHLs, YBHLs)
- Engaging Patients in Care Coordination (EPICC)
- Mobile Crisis Response
- Crisis Intervention Team (CIT) - Law Enforcement

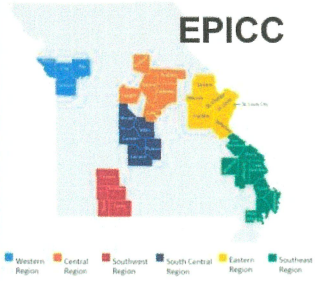
Statewide Crisis & Diversion Services

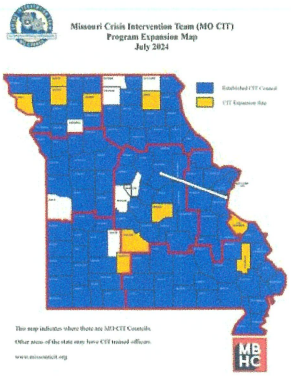
40+ YBHLs

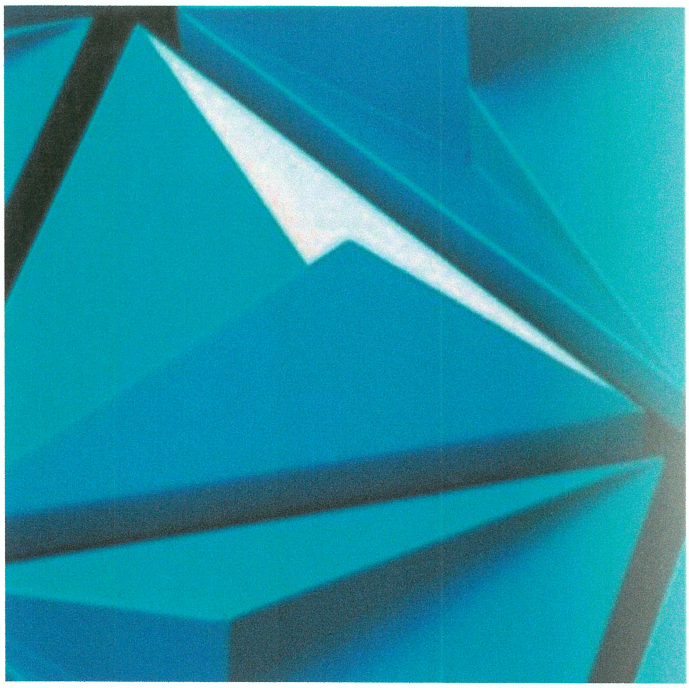


80+ CBHLs

EPICC



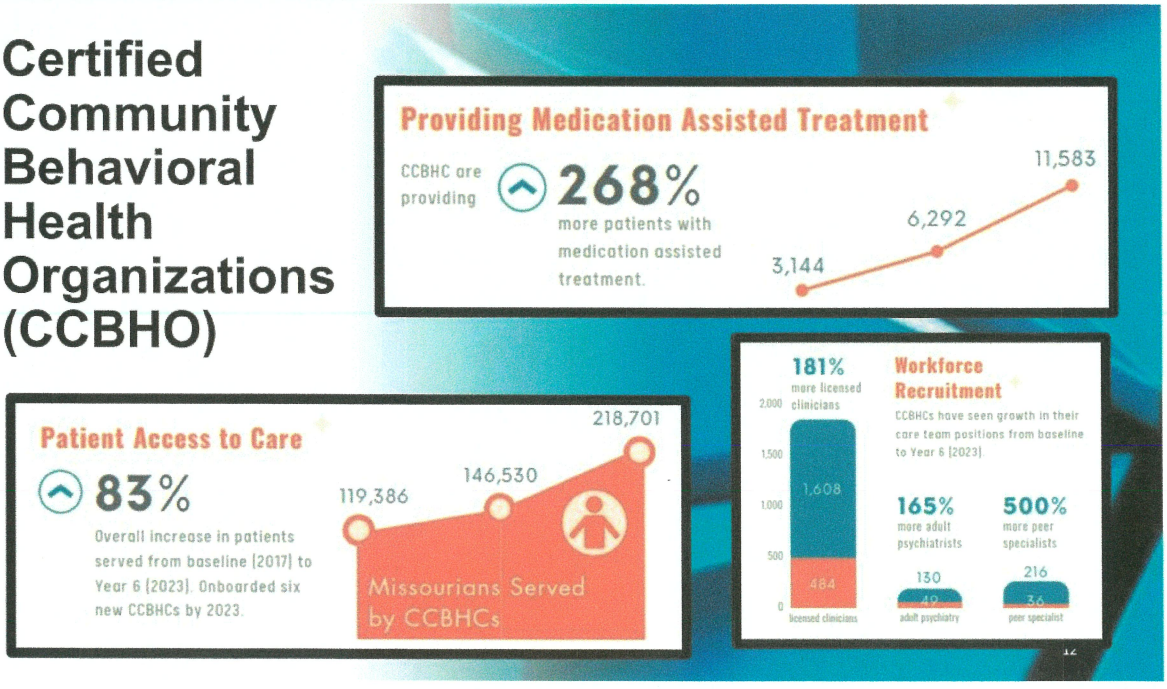




SUD Treatment Providers

- Certified Community Behavioral Health Organizations (CCBHO)
- Comprehensive Substance and Treatment Rehabilitation (CSTAR)

Certified Community Behavioral Health Organizations (CCBHO)



Comprehensive Substance Treatment and Rehabilitation (CSTAR)

Women & Children

General Population

Adolescent

Opioid Treatment Programs

13

Recovery Support Providers

- **Five Access Sites**
  - Vouchers for transportation, temporary housing, care coordination, etc
  - Referrals to clinical treatment services

- **Recovery Housing**
  - 2541 accredited beds
  - 120 men's homes
  - 100 women's homes

- **Recovery Community Centers (RCC)**
  - Since 2018, more than 136,000 people served
  - Access to Narcan, more than 14,000 distributed

14

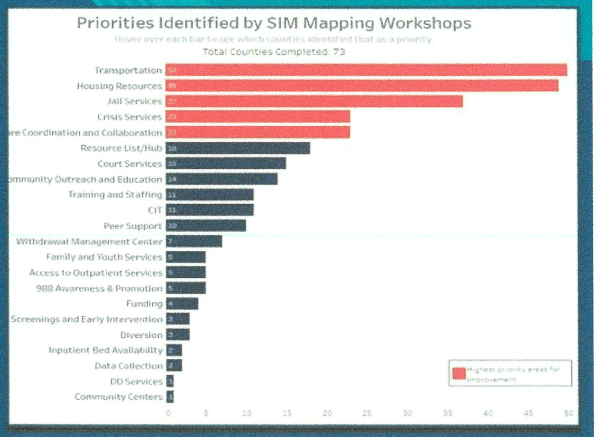
Prevention Resource Centers

Students are having more trouble accessing substances.
More students report that it is risky to drink, smoke, vape or use substances.
But number of daily alcohol users is rising.
Marijuana use remains steady.
A quarter of students who use marijuana do so daily.

- Ten (10) regional centers, over 150 registered coalitions
- Work with local coalitions to organize community - level efforts to delay or prevent substance use and build youth resiliency
- Connect individuals to services and larger system of care, particularly as some PRCs are also treatment providers

Challenges

- Lack of transportation
- Lack of housing
- Shrinking workforce
- Individuals have more complex needs
- More young people in distress, exposed to violence
- One-time funding



These are areas for growth – new providers want in the system and existing providers want to expand

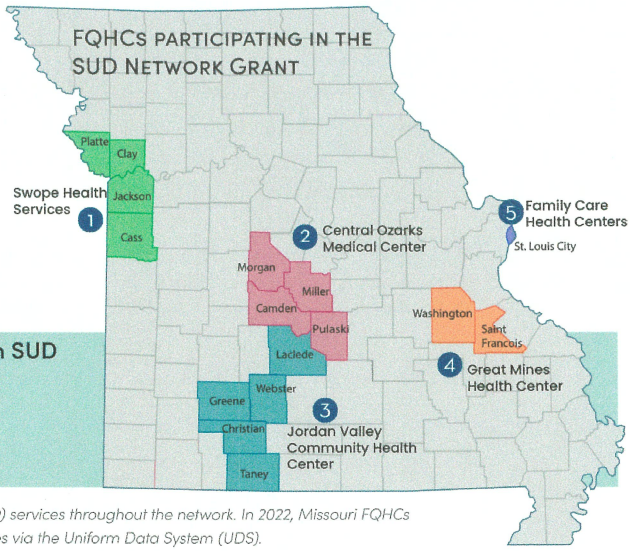
Substance Use Disorder Network Grant Report

MPCA
Missouri Primary Care Association

MPCA is a nonprofit membership association representing Missouri's Community Health Centers at over 200 sites in urban and rural areas of the state. Our mission is to ensure the people of Missouri have access to high quality, affordable primary care, dental, and behavioral health care via Missouri's 27 Federally Qualified Health Centers (FQHCs).

Partnership & Patient Engagement

The following report provides a snapshot of the efforts of the five participating FQHCs involved in the grant focused on enhancing substance use disorder treatment through community partnerships.



Patients Seen at 5 Participating FQHCs with SUD Network Grant Funding*

Quarter 2	Quarter 3	Quarter 4
1031	2458	2494

* as reported by participating FQHCs

Missouri's FQHCs provide a variety of Substance Use Disorder (SUD) services throughout the network. In 2022, Missouri FQHCs reported the following number of patients and visits for SUD services via the Uniform Data System (UDS).

34,017
SUD Patients
across ALL Missouri FQHCs

241,980
Visits for SUD related services
across ALL Missouri FQHCs

Grant Goals

- Increase number of individuals connected to substance use treatment.
- Build community partnerships to ensure that individuals have access to community resources that support prevention, treatment, and recovery from substance use disorder.
- Use a partnership model to establish and/or enhance referral and feedback loop closure for patients between FQHCs and partner entities (such as other substance use providers, and SDOH providers).
- Address identified social determinates of health needs by utilizing the PRAPARE assessment.

Partnership & Program Highlights

- Collaboration with hospital systems to facilitate seamless patient transitions from hospital care to outpatient services by embedding FQHC staff in hospitals.
- Utilization of a partnership model to establish and/or enhance the referral and feedback loop closure for patients between FQHCs, other substance use treatment providers, other resource providers and referring entities, such as police departments, emergency personnel, emergency departments.
- Collaboration with a real estate company to provide time limited rent vouchers to patients, helping support their recovery by assisting with obtaining safe housing. Having initial rent costs provided allows the patient this period to work with a Community Health Worker (CHW) to engage in employment, identify reliable transportation, and develop skills to support a sustainable lifestyle.
- Partnership with a nonprofit that provides transitional housing support for formerly incarcerated women, utilizing CHWs and Peer Specialists for effective referrals between the two organizations.
- Partnership with local nonprofit and local public housing organization to offer Overdose Education & Naloxone Distribution (OEND) training, screening and linkage to substance use treatment and healthcare services.
- Services provided in county treatment court, including peer support and connection to substance use treatment and other healthcare services.
- Offering buprenorphine and follow-up care post-overdose through a partnership with an EMS organization for Mobile Integrated Health Network (MIHN). Providing medication at the time of overdose recovery can reduce repeat overdoses and increases the likelihood of ongoing engagement in care.
- CHWs participation in community resource events to link people to substance use treatment and other healthcare services.

Conclusion

The Federally Qualified Health Centers' collaborative efforts underscore the commitment to improving patient care through innovative partnerships and community engagement. Moving forward, these initiatives will continue to play a crucial role in addressing substance use disorders and promoting holistic healthcare delivery.

For further details or inquiries, please contact Cindy McDannold at 573-636-4222.

This report integrates patient engagement data with partnership highlights, aligning with the grant's objectives of enhancing substance use treatment and community resource accessibility.

Program Success Stories

John's Journey Forward

One FQHC has utilized SUD Network funding to make a profound impact on individuals like John*, who struggled for years with Substance Use Disorder (SUD) without finding the right support. After struggling with setbacks, John connected with his local FQHC, where services like Medication-Assisted Treatment (MAT) and counseling through treatment courts were able to make a significant difference in his life.

Reflecting on his journey, John shared, *"I could honestly write a book about my experiences, but in a few sentences, it saved my life. With the support and services I received, I was able to process through trauma and guilt from my addiction. I recognized my mental health issues and the unhealthy patterns that fueled my addiction. Through the program, I developed healthy coping mechanisms and learned to identify triggers that could lead to relapse. In short, the program helped me heal and become my true self."*

Lisa's Path to a Safe Haven

Lisa* explains how this funding made it possible for her to be reunited with her children due to her success in recovery. A critical part of the reunification of this family was the FQHC being able to not only provide treatment for her substance use, but assist her with obtaining housing.

"The housing support that I received was truly a blessing for me and my family. This grant has given me a way to tackle obstacles and achieve goals that was beyond my reach. My beautiful home that I consider mine and my children's safe haven was made possible due to this funding."

Alex's Future Goals

For Alex*, the ability to access resources has made it possible to lay out a path forward that will allow him to move forward and set new goals for his family.

I would like to thank all parties involved in the making and the implementing of this grant. As an addict in recovery, it is not always easy to find help or people to assist you with resources. The area I live in is rather small and sometimes just getting to a 12 step meeting can be challenging due to travel and gas prices. This grant has allowed me the opportunity to save money to be able to hopefully move out of low-income housing. Saving money always seemed like a cruel joke because there just was none to save. This grant taught me to sit down and budget, to organize my priorities, and to set new goals that I can actually accomplish. Thank you for assisting my family and I in a better life one day at a time.

Success stories like those of John, Lisa, and Alex are not unusual. They are, however, a testament to the effectiveness of comprehensive, accessible care. Through coordinated efforts and strategic use of resources, FQHCs continue to empower individuals throughout Missouri on their path to recovery and wellness.

**Not their real names*

FAMILY CARE HEALTH CENTERS

ST. LOUIS, MO | FCHCSTL.ORG

Community Health Workers Bridge the Gap

DeAnthony Henderson
BA, CHW-C, HRS

DeAnthony Henderson, BA, CHW-C, HRS, has been a community advocate for almost 10 years starting as a Community Support Specialist. He is currently a **Community Health Worker: Substance Use Specialist** at Family Care Health Centers (FCHC). DeAnthony graduated from Langston University, an HBCU, in Oklahoma, with his Bachelor of Art in Psychology in 2015. In 2021, he earned his Community Health Worker certificate from St. Louis Community College. DeAnthony **worked with adults with serious and persistent mental illnesses in the community** for more than five years. He does **street outreach and works directly with community members who use drugs and face several social and structural determinants of health**. He is an **expert on engagement strategies and stage-based interventions** to help people who use drugs navigate health care and social service systems. In 2023, he became a **certified Harm Reduction Specialist through the Missouri Credentialing Board and in 2024, he was voted by peers in the state of Missouri as Urban CHW of the Year through CHWAM.**

Hanna Oberg, CHW-C, CHES, HRS, is a Certified Health Education Specialist (CHES) and a Credentialed Community Health Worker (CHW-C). She has experience as a Community Health Worker: Housing Specialist, and is currently **Community Health Worker: Project Lead.** Hanna graduated from Truman State University in May 2020 with a Bachelor of Science in Health Science and minors in Psychology and Disability Studies. She then completed the Community Health Worker training program through St. Louis Community College in 2021. With a background in health education and customer service, Hanna **specializes in improving the health literacy** of the individuals she works with by **building trusting relationships** and giving them the tools to better advocate for themselves and their communities. **Working with people from diverse lived experiences, from being unhoused to having substance use disorder and a multitude of other social determinants of health & social barriers,** her ability to understand and translate their needs, as well as **collaborate with members of the care teams to establish patient-centered goals** ensures improved health outcomes for those individuals and communities. She is a part of several professional, public health organizations and in **2023 was voted by peers as CHW of the Year in the state of Missouri.**

Hanna Oberg
CHW-C, CHES, HRS

INDIVIDUAL TALENT + SUPPORTIVE TEAM = COMMUNITY HEALTH SUCCESS

A successful Community Health Worker team takes a diverse group of talented individuals supported with resources and structure so they can confidently do their live-saving, live changing work.

FAMILY CARE HEALTH CENTERS

RECOGNIZED NCQA PATIENT-CENTERED MEDICAL HOME

FamilyCare HEALTH CENTERS

ST. LOUIS, MO | FCHCSTL.ORG

DISTINCTION NCQA BEHAVIORAL HEALTH INTEGRATION

Community Health Workers' Impact on Substance Use Disorder

Community Health Workers provide **concierge navigation services** to connect community members to our multidisciplinary health care team and external health and social systems.

Community Health Workers **build trust** and engage with community members in ways unmatched by other health care workers. These relationships form safe bridges to **begin life-saving health care services**. At FCHC, our integrated care model offers multiple services to patients as needed, such as **same-day behavioral health consultations**.

TRAUMA IS THE UNDERLYING FORCE

In 2024, FCHC invested in **training team members** to better understand and **address the traumatic forces involved in substance use disorders**.

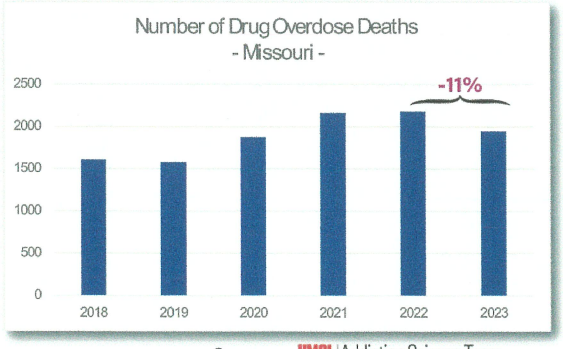
- Clinical Harm Reduction
- Trauma-informed Care
- Mental Health First Aid
- Substance Use Screenings & Transition to Care
- Multicultural Substance Use
- Youth SBIRT
- ASAM's Treatment of Opioid Use Disorder

SOCIAL DETERMINANTS OF HEALTH

Non-medical factors affecting health, such as housing, food, utilities, insurance, etc.

56% of patients screened report 1-3 SDOH | 20% report 4-7 SDOH

In 2023, the number drug overdose deaths in Missouri dropped by 11%. **Our work is making an impact** and helping slow the rate of increasing drug-related deaths in St. Louis City. We believe our continued work with **begin the consistent decline of drug-related deaths.**



Source: UMSL | Addiction Science Team University of Missouri–St. Louis

MISSOURI **PEER RESPITE** CRISIS STABILIZATION INITIATIVE

First Year Findings: July 2023 - June 2024

Missouri Department of MENTAL HEALTH

UMSL | Addiction Science Team
University of Missouri–St. Louis

WHAT IS PEER RESPITE?

Peer Respite Crisis Stabilization is a voluntary, short-term, overnight program that provides community-based, nonclinical crisis support for individuals experiencing a substance use disorder (SUD) or co-occurring mental health disorder. Individuals in early recovery from SUD often face significant barriers to accessing recovery housing and supportive services. Limited bed availability and strict abstinence requirements often leave those not deemed "housing ready," such as the unhoused or those with recurring use, without necessary care. This gap can hinder long-term recovery and perpetuate cycles of substance use and chronic homelessness.

In 2023, Missouri launched peer respite crisis stabilization pilot programs across the state to address these barriers. Originally designed for mental and behavioral health crises, peer respite programs were adapted to provide short-term, low-barrier housing and targeted services for individuals with SUD. By bridging the gap between crisis and long-term recovery, these programs aim to foster stability and connect individuals with essential resources for sustained recovery.

KEY TENETS OF PEER RESPITE

Low-barrier Access

- Operates 24/7, providing immediate access & support without cost
- Supports residents who experience recurrence of use & does not require a period of abstinence

Self-determined Services

- Voluntary engagement in services, including connection to or continuation of medication for opioid use disorder
- Programming to promote autonomy & self-advocacy in recovery
- No mandated length of stay, but most sites are capped at 30 days

Peer-led & Communal

- Nonclinical, homelike living spaces
- Staff are peers with lived experience, providing empathetic support
- Communal living spaces with shared responsibility of household tasks, decision-making, & problem solving

Trauma-informed & Anti-stigma

- Peer staff trained in crisis response, de-escalation, & trauma-informed care
- Respectful, validating, & non-judgmental communication
- Free naloxone & overdose education

Within the first year of implementation, peer respite has shown to be a promising model for people in early recovery from SUD. For more information about the program model or how to connect with a provider in your area, read our *full* First Year Findings report. **Scan the QR code here:**

Missouri Peer Respite Crisis Stabilization Initiative

PROGRAM OUTCOMES: YEAR ONE

1,401
unique individuals served statewide

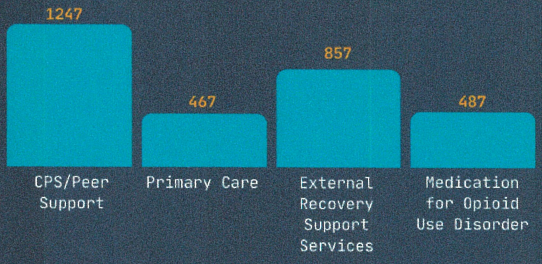
68%
of residents stayed 15 days or fewer

4-7
days was the most common length of stay

35.7%
of residents were previously unhoused

Peer respite provided intermediary support to get folks stabilized with immediate needs like shelter and food, while also initiating connections to other services like peer support, medical care, and medication for opioid use disorder. Most stays were short-term; ***increased housing security and positive outcomes were achieved rapidly.***

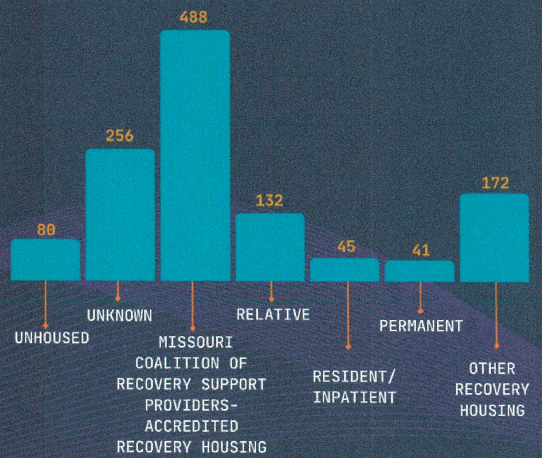
PARTICIPANTS CONNECTED TO SERVICES



3,058
connections to services on behalf of participants

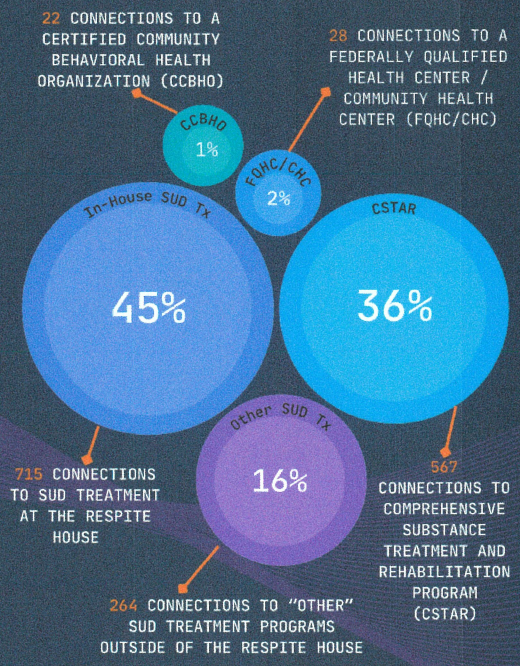
65% of program participants were connected to at least one service, averaging 3 services per person

COUNT OF DISCHARGE HOUSING OUTCOMES



69% of residents transitioned to a recovery house, moved in with a social support, or secured permanent housing of their own

COUNT OF TREATMENT CONNECTIONS MADE



Visit NoMoDeaths.com for more information

October 2024

Revised: 06/03/2024

New Beginning Sanctuary

Contact: Amanda Leighty
Phone: (816)615-27489
Contact email: Amandal@nbsanctuary.org
Website: www.nbsanctuary.org

Jessica's House
Kansas City, MO
Women, 12 beds

Marsh House
Kansas City, MO
Men, 11 beds

James House
Kansas City, MO
Men, 12 beds

Manchester House
Kansas City, MO
Men, 11 beds

Rise and Shine Foundation, Inc.

Contact: Catrina Peebles
Phone: (816)337-2857
Contact email: info@riseandshinefoundation.org
Website: https://www.riseandshinefoundation.org/

Jessie's House
Kansas City, MO
Women, 9 beds

Freddie's House
Kansas City, MO
Men, 9 beds

Ozark Recovery Housing, LLC

Contact: Rachel Davidson
Phone: (816) 808-2233
Email: rdavidson@ozarkrecoveryhousing.com
Website: https://www.ozarkrecoveryhousing.com

Bales House
Kansas City, MO
Men, 15 beds

Ozark R&R House
Kansas City, MO
Male, 11 beds
Women, 7 beds

Baltimore House
Kansas City, MO
Women, 20 beds

Walnut House
Kansas City, MO
Women, 24 beds

Askew House
Kansas City, MO
Men, 12 beds

Revised: 06/03/2024

Pieces Peace's Traditional Housing Program

Contact: Shemia Thomas, Director
Phone: (816)745-6591 / (816)343-4474
Contact email: pieces.peaces@yahoo.com
Website: www.piecespeaces.org

Vine House
Kansas City, MO
Men, 5 beds

Brooklyn House
Kansas City, MO
Women, 5 beds

Park House
Kansas City, MO
Men, 7 beds

Woodland House
Kansas City, MO
Men, 9 beds

Highland House
Kansas City, MO
Women, 9 beds

Flora House
Kansas City, MO
Men, 10 beds

Laverne's House
Kansas City, MO
Women, 8 beds

Cleveland House
Kansas City, MO
Men, 6 beds

Sisters In Christ

Contact: Carolyn Whitney, President
Phone: (816)772-3398
Contact email: cwhitney@sistersinchristkc.org
Website: www.sistersinchristkc.org

Serenity House
Kansas City, MO
Women, 10 beds

Carolyn's House of Faith
Kansas City, MO
Women, 6 beds

Footprints, Inc

Contact: Andy Asher
Phone: (816)945-4283
Contact email: aasher@kcfootprints.org

Turing Point
Kansas City, MO
Men, 10 beds

Dismas House of Kansas City

Contact: Ladell Flowers
Phone: (816)256-5330
Contact email: l_flowers@dismashousekc.com
Website: www.dismashousekc.com

Michael's House
St. Joseph, MO
Men, 8 beds

Everette House
Kansas City, MO
Men, 7 beds

Adonis House
Kansas City, MO
Men, 6 beds

Revised: 06/03/2024

Western Region:

Healing House, Inc.

Contact: Bobbi Jo Reed, Executive Director
Phone: (816) 920-7181
Fax: (816) 255-2663
Email: reedbobijo@gmail.com
Website: www.healinghousekc.org

Madeline's Swaddle House
Kansas City, MO
Women, 8 beds

Cornerstone House
Kansas City, MO
Men, 38 beds

Wesley House
Kansas City, MO
Men, 8 beds

McNeely House
Kansas City, MO
Men, 9 beds

Sunshine House
Kansas City, MO
Men, 11 beds

Mama Judi's House
Kansas City, MO
Women, 17 beds

Jessica's House
Kansas City, MO
Women, 6 beds

Emily's House
Kansas City, MO
Women, 6 beds

Purple House
Kansas City, MO
Women, 12 beds

Agape III
Kansas City, MO
Men, 14 beds

Ruth's House
Kansas City, MO
Men, 10 beds

Erin's House
Kansas City, MO
Women, 12 beds

Maple Street House

Contact: Rick Holliday
Phone: (816) 886-5010
Contact email: maplestreethouse18@gmail.com
Independence, MO
Men, 30 beds

Counselors Obediently Preventing Substance Abuse (COPSA) KC Outpatient Treatment

Contact: Angela Wesson, CEO
Phone: (816) 923-9212
Email: Acwesson@copsakc.com
Website: www.copsakc.com

House Exodus
Kansas City, MO
Men, 5 beds

Revised: 06/03/2024

Kansas House
Springfield, MO
Men, 14 beds

Restoration of Hope Project

Contact: Dean Miller
Phone: (417) 942-0005
Email: dean.miller@restorationofhopeproject.org
Website: https://restorationofhopeproject.org

North Kellett House
Springfield, MO
Men, 14 beds

Pacific House
Springfield, MO
Women, 7 beds

Kellett House
Springfield, MO
Men, 16 beds

Fremont House
Springfield, MO
Women, 6 beds

North Concord House
Springfield, MO
Men, 8 beds

Scott House
Springfield, MO
Women, 7 beds

Communities of Recovery, INC (CORE)

Contact: Janet Weaver
Phone: (417) 231-1405
Email: janet@core-usa.org

Bird House
Branson, MO.
Men, 14 beds

Outdoor House
Branson, MO.
Women, 12 beds

Revised: 06/03/2024

Joplin
Contact: Jeff McNabb
Phone: (417)751-0557
Contact email: Jeff@nbsanctuary.org
Website: www.nbsanctuary.org

Logan House	**Caroline House**	**Chipmunk House**	**Ohio House**
Joplin, MO	Joplin, MO	Joplin, MO	Joplin, MO
Men, 12 beds	Men, 10 beds	Women, 12 beds	Women, 12 beds

Simmering Center, Inc.

Contact: Merna Eppick
Phone: (417) 320-6380
Email: Merna.eppick@simmeringcenter.org
Website: www.simmeringcenter.org
Branson, MO
Men, 32 beds
Women, 21 beds

Damascus Road Outreach

Contact: Phillip Stotts, Director
Phone: (417)529-1667
Email: roadchurch@hotmail.com

The Road
Webb City, MO
Men, 20 beds

Higher Ground Recovery Center

Contact: Michael Rogers
Phone: (417)869-0700
Email: mrogers@highergound417.org
Website: https://www.highergound417.org

Ingram House	**Sherman House**	**Barnes House**
Springfield, MO	Springfield, MO	Springfield, MO
Men, 13 beds	Women, 16 beds	Women, 12 beds

Recovery Chapel

Contact: Farris Robinson
Phone: 417-887-7228
Email: farrisspfd@gmail.com

Bennett House	**Glenwood House**	**Page House**	**Newton House**
Springfield, MO	Springfield, MO	Springfield, MO	Springfield, MO
Men, 23 beds	Men, 13 beds	Men, 10 beds	Men, 9 beds

Revised: 06/03/2024

Southwest Region:

ASCENT Recovery Residences

Contact: Teddy Steen, Executive Director
Phone: (417) 529-9368
Email: t.steen@ascentrecovery.org
Website: www.ascentrecovery.org

IRP House
Joplin, MO
Men, 7 beds

Extended Care House
Joplin, MO
Men, 5 beds

New Beginning Sanctuary

Alon Fisch, Executive Director
Email: alonfisch@nbsanctuary.org
Website: www.nbsanctuary.org

Springfield Area
Contact: Nancy Hall, Housing Director
Phone: (417) 233-1002
Email: nancy@nbsanctuary.org

Western House
Springfield, MO
Men, 11 beds

National
Springfield, MO
Men, 12 beds

Oak Grove House
Springfield, MO
Men, 9 beds

Cardinal
Springfield, MO
Women, 18 beds

Amber House
Springfield, MO
Women, 12 beds

Landon's House
Springfield, MO
Men, 10 beds

West Katella House
Springfield, MO
Women, 12 beds

Broadway House
Springfield, MO
Men, 12 beds

Ingram Mill House
Springfield, MO
Men, 10 beds

Sieger House
Springfield, MO
Men, 18 beds

Sunflower House
Springfield, MO
Women, 11 beds

Woodland House
Springfield, MO
Women, 11 beds

Roanoke
Springfield, MO.
Men, 12 beds

Revised: 06/03/2024

Madison County Recovery Allies

Contact: Karen Whitener
Phone: 573-561-3163
Email: madisoncountyrecoveryallies@gmail.com

MCRA Recovery Housing
Fredericktown, MO
Men, 10 beds

Two Lane Recovery Services, Inc

Contact: Josh Bird
Phone: 573-931-0784
Email: joshua_bird@icloud.com

Two Lane Recovery Services
West Plains, MO
Men, 11 beds

ARCA

Contact: Jordan Hampton
Phone: (314) 410-0858
Email: Jhampton@arcamidwest.com
Website: http://www.recoveryhousestl.com/

ARCA Perryville
Perryville, MO
Men, 42 beds

D2L Ministries

Contact: William Anglin
Phone: 870-809-2487
Email: D2lministries@yahoo.com

D2L – Wappapello
Wappapello, MO
Men, 36 beds

Revised: 06/03/2024

Help on Hand

Contact: Carlton Sherrill
Phone: 573-752-0547
Email: csherrill@helponhandinc.com
Website: www.helponhandinc.com

House of Hope Sober Living for Women
Caruthersville, MO
Women, 11 beds

House of Hope Sober Living for Men
Caruthersville, MO
Men, 12 beds

Heart2Hekp MO LLC

Contact: Lakiseha Braxton
Phone:576-748-4004
Email: lakishea.braxton@yahoo.com
Website: www.heart2helpfoundation.com

Heart2Help
New Madrid, MO
Women, 6 beds

B.O.S.S. Life, Inc

Contact: Katrina Scheeter
Phone:615-987-4599
Email: katrina@bossliving.org
Website: www.bossliving.org

The Clayton House
Cape Girardeau, MO
Women, 8 beds

Mavis House
Cape Girardeau, MO
Women, 8 beds

Magnolia House
Cape Girardeau, MO
Women, 12 beds

New Day Recovery

Contact: Jamie Jones
Phone:573-333-4099
Email: divineholiness@sbcglobl.net

New Day Recovery Center
Caruthersville, MO
Men, 18 beds

Revised: 06/03/2024

A Brightlife Sober Living, LLC

Contact: Agnes Mason
Phone: (573) 620-3643
Email: agnesmason@ablsoberhouse.com
Website: www.abrightlifesoberhouse.com

A Brightlife Sober House
Sikeston, MO
Men, 11 Beds

Shepherd's Fold Ministry

Contact: Steven McCracken
Phone: (870) 450-5679
Email: steve.shepherdsfold@yahoo.com
Website: www.myshepherdsfold.org

Shepherd's Fold II
Wappapello, MO
Men, 30 Beds

Recovery Souldiers Network, LLC

Contact: Marsha Hawkins-Hourd, Executive Director
Phone: (314) 662-0953
Email: mhourd.tcu@gmail.com
Website: https://www.facebook.com/people/Child-and-Family-Empowerment-Center/100063865038272/

Serenity Mansion
Houston, MO
Women, 10 Beds

Damascus Mansion
Houston, MO
Men, 9 beds

Goliath House

Contact: Cynthia Melton
Phone: (866) 994-6542
Email: goliathhouse@yahoo.com
Website: www.goliathhouse.com

Goliath House
West Plains, MO
Men, 7 Beds

Revised: 06/03/2024

Southeast Region:

Mission Missouri

Contact: Jane Pfefferkorn, Executive Director
Phone: (573) 481-0505
Email: missionmissouri1j@gmail.com
Website: www.missionmissouri.org

House of Esther
Sikeston MO
Women, 18 beds

Recycling Grace Women's Center, Inc.

Contact: Sandra Mick, CEO
Phone: (573) 686-3333
Email: sandy@semo.net
Website: www.rgwc.org

Recycling Grace Sandy House
Poplar Bluff, MO
Women, 9 beds

Recycling Grace Linda's House
Poplar Bluff, MO
Women, 9 Beds

Recycling Grace Ruth's House
Poplar Bluff, MO
Women, 14 beds

SEMO Christian Restoration Center

Contact: David Webb
Phone: (573) 686-2515
Email: davidlwebbsr@yahoo.com

Circle of Success
Poplar Bluff, MO
Women, 20 beds

Mountain View Restoration
Mountainview, MO
Women, 12 beds

The Matthew 25 House

Contact: Pastor Kenny Burns
Phone: (573) 217-1140 / (870) 595-4901
Email: kennygennyburns@yahoo.com

Holcomb, MO
Men, 7 Beds

Revised: 06/03/2024

Second Chance Recovery

Contact: Sarah Riley
Phone: 314-915-2706
Email: sarahriley185@gmail.com

Virginia House	**Utah House**	**Pennsylvania House**
St. Louis, MO.	St. Louis, MO.	St. Louis, MO.
Men, 7 beds	Men, 8 beds	Men, 8 beds

My Care Recovery Support Services

Contact: Rachelle Payne
Phone: 314-498-6324
Email: rpayne@mycarehomecare.net

My Care House – 1
St Louis, MO
Men, 5 beds

The Althea Project

Contact: Catlin McCafferty
Phone: 314-494-2865
Email: thealtheaprojectnonprofit@gmail.com

Phoenix House
St Peters, MO
Women, 8 beds

Revised: 06/03/2024

Jubilee Community Church

Contact: Leslie Johnson
Phone: (708)674-6003
Email: jubilee4231@gmail.com

Victory Over Bondage
St. Louis, MO
Men, 12 beds

Turner House
St. Louis, MO
Men, 12 beds

S.W.I.M. (Strength, Wisdom, Inspire, Motivate) Ministries, Inc.

Contact: Brenda Mangrum
Phone: (314)766-3947
Email: mangrum07@gmail.com

Rowan House
St. Louis, MO
Women, 6 beds

RecoVET HealthCare

Contact: Andrew Robinson
Phone: (314) 410-0858
Email: arobinson@recovethealthcare.org

Arsenal House
St. Louis, MO
Men, 40 beds

Pennsylvania House
St. Louis, MO
Men, 10 beds

Michigan 1
St. Louis, MO
Men, 8 beds

Michigan 2
St. Louis, MO
Men, 8 beds

House of Serenity

Contact: Kewana Pearson
Phone: 636-655-8137
Email: serenityandpeace92@gmail.com

House of Serenity – South
St. Louis, MO
Men, 12 beds

House of Serenity - West
St. Louis, MO
Women, 9 beds

Revised: 06/03/2024

Guiding Lights, LLC

Contact: LaTosha Hayes, Executive Director
Phone: (314)705-1493
Email: guidinglights314@gmail.com

Anderson House
St. Louis, MO
Women, 5 Beds

LaVette's House
St. Louis, MO
Women, 10 Beds

Vermont House
St Louis, MO
Women, 11 beds

LaTosha House
St. Louis, MO
Women, 14 beds

San Francisco House
St. Louis, MO
Women, 12 beds

The Grove
St. Louis, MO
Women, 12 beds

Learn to Live Recovery, LLC

Contact: Matthew Bauersachs
Phone: (573)409-0123
Email: mbauersachs@2learntoliverecovery.com

Hermann House
Hermann, MO
Men, 12 beds

The Barn
Hermann, MO
Men, 18 beds

Stepping into the Light

Contact: Beulah Brandon
Phone: (314) 231-5174
Email: brandonbeulah@yahoo.com

Stepping into the Light
St Louis, MO
Men, 21 beds

Hanani

Contact: Tonya Hankins
Phone: (636)634-0823
Email: thankins@hananihouse.org

Hanani House
Augusta, MO
Women, 5 beds

Washington House
Washington, MO
Women, 6 beds

Leah's House
Augusta, MO
Women, 4 beds

Revised: 06/03/2024

The Mission Gate Christian Center

Contact: Trish Mathes, President
Phone: (636) 391-8832
Email: trish.mathes@missiongateministry.org
Website: www.MissionGateMinistry.org

St Louis, MO

City Outreach-Osage House
St. Louis, MO
Men, 15 beds

City Outreach-Louisiana House
St. Louis, MO
Men, 6 beds

City Outreach-Daniel's House
St. Louis, MO
Men, 10 beds

Elsberry, MO

Promises of Hope – Main House
Elsberry, MO
Women, 14 beds

Promises of Hope -- Mary's Promise
Elsberry, MO
Women, 8 beds

Cuba, MO

Hannah's Ranch -- Angel's Landing
Cuba, MO
Women, 18 beds

Hannah's Ranch – Main House
Cuba, MO
Women, 22 beds

Fort Good Shepherd -- Corral Bunkhouse
Cuba, MO
Men, 7 beds

Fort Good Shepherd --Wilderness Bunkhouse
Cuba, MO
Men, 9 beds

Fort Good Shepherd -- Idlewild Bunkhouse
Cuba, MO
Men, 7 beds

Queen of Peace

Contact: Sharon Spruell, CEO
Phone: (314)276-0992
Email: sspruell@ccstl.org
Website: www.qopcstl.org

Our Lady of Perpetual Help (OLPH)
St. Louis, MO
Women, 24 beds

Revised: 06/03/2024

Recovery House of St. Louis

Contact: Jordan Hampton
Phone: (314) 410-0858
Email: Jhampton@arcamidwest.com
Website: http://www.recoveryhousestl.com/

Michigan House
St. Louis, MO
Men, 12 beds

Osage House
St. Louis, MO
Men, 10 beds

Wyoming House
St. Louis, MO
Men, 9 beds

Grand House
St. Louis, MO
Men, 9 beds

Virginia House
St. Louis, MO
Men, 8 beds

Klocke House
St. Louis, MO
Men, 12 beds

Gravois House
St. Louis, MO
Men, 9 beds

Humphrey House
St. Louis, MO
Men, 31 beds

Sidney House
St. Louis, MO
Women, 16 beds

Humphrey House - Women
St. Louis, MO
Women, 11 beds

Preferred Family Healthcare - Bridgeway

Contact: Cori Putz, Executive Vice President or Derek McClure, P.A.S.T.
Phone: (636) 224-1210
Email: cputz@pfh.org
Website: www.pfh.org/bridgeway

Lindenwood House
St. Charles, MO
Men, 14 beds

San Juan House
St. Charles, MO
Men, 17 beds

Lower San Juan
St Charles, MO
Men, 21 beds

LIV Recovery Sober Living

Contact: Cameo Jones, Executive Director
Phone: (573) 514-2128
Email: cjones@livsoberliving.com
Website: ww.livsoberliving.com

Placid House
St Charles, MO
Men, 12 beds

Linda's House
Hazelwood, MO
Men, 7 beds

Brandi's House of Hope
St. Charles
Women, 8 beds

Transition House
St Louis, MO
Men, 21 beds

Jenni's House
Hillsboro, MO
Women, 14 beds

Revised: 06/03/2024

Eastern Region:

Haven Recovery Homes

Contact: Callan Montgomery
Phone: (314) 930-9384
Email: callan@havenrecoverystl.com
Website: http://www.havenrecoverystl.com/

Nebraska House	Meramec House	Big Enright House
St. Louis, Mo	St. Louis, MO	St Louis, MO
Women, 11 beds	Men, 10 beds	Women, 12 beds

Child and Family Empowerment Center

Contact: Marsha Hawkins-Hourd, Executive Director
Phone: (314) 449-1333 / (314)391-0231
Email: mhourd.tcu@gmail.com
Website: https://www.facebook.com/people/Child-and-Family-Empowerment-Center/100063865038272/

Belt Mansion	Charity Mansion	Many Mansions	Freedom Mansion
St. Louis, MO	St. Louis, MO	St. Louis, MO	St, Louis, MO
Men, 16 beds	Women, 10 beds	Women, 37 beds	Men, 12 beds

Keyway: Center for Diversion & Reentry (formerly Center for Women in Transition)

Contact: April Foster, Executive Director or Maggie Burke, Supportive Services Manager
Phone: (314)771-5207
Email: keyway@keywaycenter.org
Website: www.keywaycenter.org

Baker House	Sharon's House	Schirmer House
St. Louis, MO	St Louis, MO	St Louis, MO
Women, 12 beds	Women, 22 beds	Women, 32 beds

Revised: 06/03/2024

Harvest Outreach Ministries

Contact: Pastor James Bridges
Phone: (573)227-8833
Contact email: pastorjames@linvingwayfellowship.net
Website: www.harvestoutreach.faith

Harvest Outreach Women's
Hannibal, MO
Women, 10 beds

Harvest Outreach Men's
Hannibal, MO
Men, 17 beds

Landmark Recovery

Contact: Scott Breedlove
Phone: (573)338-3976
Contact email: breedlovetraining@gmail.com

Jefferson City Men's ICTS
Jefferson City, MO
Men, 7 beds

Revised: 06/03/2024

Jewell House
Columbia, MO
Men, 4 beds

Rodgers House
Columbia, MO
Men, 10 beds

New Hope House
Columbia, MO
Women, 8 beds

Nobel House
Columbia, MO
Men, 3 beds

Forest House
Columbia, MO
Men, 5 beds

William House
Columbia, MO
Women, 4 beds

Lynn House
Columbia, MO
Men, 6 beds

Kathy House
Columbia, MO
Women and infants, 7 beds

Texas House
Columbia, MO
Women, 5 beds

Douglas House
Columbia, MO
Women, 3 beds

Victory House
Columbia, MO
Men, 9 beds

Grand House
Columbia, MO
Men, 5 beds

Fourth Street House
Columbia, MO
Women, 5 beds

Respite – Grand
Columbia, MO
Men, 6 beds

Respite - Forest
Columbia, MO
Men, 4 beds

Rangeline Respite Center
Columbia, MO
Women, 10 beds

Fulton

Bluff Street
Fulton, MO
Women, 6 beds

Callaway House
Fulton, MO
Men, 6 beds

Recovery Lighthouse

Contact: Amanda Rowland
Phone: (660) 429 2222
Contact email: amandar@recoverylighthouse.org
Website: www.recoverylighthouse.org

Lime Tree House
Warrensburg, MO
Women, 9 beds

Recovery Court Apartments
Warrensburg, MO
Men, 6 beds
Women, 3 bed

Men's Sober Living House
Warrensburg, MO
Men, 8 beds

Revised: 06/03/2024

Powerhouse Community Development Corporation

Charles Stephenson, CEO
Contact: Reggie Palmer, Jr.
Phone: (660) 886-8860
Email: rpalmer@pwrhousecdc.org
Website: www.pwrhousecdc.org

Fresh Start
Marshall, MO
Men, 11 beds

The Embassy, Inc.

Contact: Jason McClain
Phone: (660) 553-0081 / (660) 851-0112
Email: jasonmcclain@the-embassy.org
Website: https://www.the-embassy.org/

House of Daniel
Sedalia, MO
Men, 11 beds

House of Ethel
Sedalia, MO
Men, 8 beds

Fresh Start Sober Living Programs

Contact: James Bayless, Owner or Tish Offield
Phone: (573) 489-4640
Email: FreshStartComo@gmail.com
Website: https://freshstartsoberlivingprograms.godaddysites.com

Columbia

Oak Street House
Columbia, MO
Men, 4 beds

Hickman Ave House
Columbia, MO
Women, 6 beds

Benton House
Columbia, MO
Women, 6 Beds

Wilkes Blvd. House
Columbia, MO
Men, 4 beds

Providence House
Columbia, MO
Men, 8 Beds

Third House
Columbia, MO
Men, 4 Beds

Sexton Avenue House
Columbia, MO
Men, 3 beds

McBaine House
Columbia, MO
Women, 7 beds

Lakeview House
Columbia, MO
Women, 6 Beds

Revised: 06/03/2024

MCRSP/NARR Accredited Recovery Houses

The recovery houses listed below have been accredited by the Missouri Coalition of Recovery Support Providers, as an affiliate of the National Alliance of Recovery Residences, signifying that the houses listed under the respective MCRSP Chapter and agency have demonstrated compliance with its Quality Standards for Recovery Housing.

Please check this list on a regular basis for updates as more houses become accredited.

Central Region:

The Healing House and New Beginnings, Inc.

Contact: Heather Gieck, Executive Director
Phone: (417) 559-7068
Email: hgieck@thehealinghouseandnewbeginnings.org
Website: www.thehealinghouseandnewbeginnings.org

The Healing House
Jefferson City, MO
Women, 9 beds

Jochebed's House
Jefferson City, MO
Women, 9 beds

Bethel House
Jefferson City, MO
Women, 5 beds

Heather's House
Jefferson City, MO
Women, 8 beds

Karen's House
Jefferson City, MO
Women, 10 beds

In2action

Contact: Dan Hanneken, Executive Director, or David Reed
Phone (573) 424-4388 / (573) 818-4432
Fax (573) 397-6942
Email: dan@in2action.org / daver@in2action.org
Website: www.in2action.org

Daisey's House
Columbia, MO
Men, 12 Beds

The Duplex
Columbia, MO
Men, 6 Beds

The Duplex
Columbia, MO
Women, 6 beds

Phase 3 House
Columbia, MO
Men, 4 beds

Barnhouse
Columbia, MO
Men, 18 Beds

Shiloh House
Columbia, MO
Men, 12 Beds

Respite House
Columbia, MO
Men, 6 beds

Revised: 06/03/2024

Amethyst Place

2735 Troost-A, Kansas City, MO 64109
Phone: (816) 231-8782
Website: https://amethystplace.org/

Kansas City, MO
Women, 37 beds

One Day at a Time 4 Me

Contact: Tamika Williams
Phone: (816)759-9124
Email: oneday@atime4me.org

Joya House
Kansas City, MO
Women, 6 beds

Journey to New Life

Contact: Julia Lloyd
Phone: (816)960-4808
Email: jlloyd@jtnl.org
Website: www.journeytonewlife.org/

Journey House
Kansas City, MO
Women, 18 beds

Peace House
Kansas City, MO
Women, 20 beds

Revive Residence

Contact: Lindsay Lovell
Phone: (510)646-0571
Email: lindsaylovell28@gmail.com

Genny House
Kansas City, MO
Men, 9 beds

Elizabeth House
Kansas City, MO
Women, 8 beds

The Recovery House
Kansas City, MO
Men, 20 beds

911 Entry to System

Ambulance to scene

Narcan deployed

Narcan successful – remains critical	**Narcan successful – patient non-critical**
Transport by EMS / treatment as needed (hospital / ICU)	CP / Suboxone trained provider dispatched (if not already on scene)
	Patient Consents to Transport
	Suboxone Indicated • Provide loading dose of Suboxone • Contact hospital navigator (warm handoff) • Ensure BHR consultation provided • Offer MIH/CP follow-up • Provide care package from Public Health • Discharge or admit • When discharged – enroll in MIH for CP follow-up in home (to address transportation barriers) and in clinic/telehealth visits with RHCs • Offer NEMT services
	Suboxone not Indicated or refused • Supportive care • Contact hospital navigator • Ensure BHR consultation provided • Offer MIH/CP follow-up • Provide care package from Public Health • Discharge or admit • When discharged – enroll in MIH for CP follow-up in home (to address transportation barriers) and in clinic/telehealth visits with RHCs • Offer NEMT services
	Patient Refuses Transport
	Suboxone Indicated • Provide loading dose of Suboxone • Contact CHW at GMHC or WCMH • Arrange for / in the moment telehealth visit with MAT provider • Arrange for / in the moment telehealth visit with BHR • Schedule office visit or telehealth ○ Arrange for transportation PRN • Follow up daily by MIH/CP • Provide care package from Public Health
	Suboxone not Indicated or refused • Contact CHW at GMHC or WCMH and offer services • Offer in the moment telehealth visit with MAT provider • Offer in the moment telehealth visit with BHR • Offer office visit ○ Arrange for transportation PRN • Offer follow up by MIH/CP • Provide care package from Public Health

ER drop off by families, friends, etc. entry into system

Narcan deployed

Narcan successful – remains critical	**Narcan successful – patient non-critical**
Transfer to ICU from CAH to a tertiary care facility by EMS / treatment as needed	CP / Suboxone trained provider dispatched (if not already on scene)
	Patient meets In-Patient Criteria
	Suboxone Indicated • Provide loading dose of Suboxone • Contact CHW at GMHC or WCMH • Arrange for / in the moment telehealth visit with MAT provider • Arrange for / in the moment telehealth visit with BHR • Schedule office visit ○ Arrange for transportation PRN • Follow up daily by MIH/CP • Provide care package from public health
	Suboxone not Indicated or refused • Contact CHW at GMHC or WCMH and offer services • Offer in the moment telehealth visit with MAT provider • Offer in the moment telehealth visit with BHR • Offer office visit ○ Arrange for transportation PRN • Offer follow up by MIH/CP • Provide care package from public health
	Patient does NOT meet In-Patient Criteria
	Suboxone Indicated • Refer to MIH/CP program • MIH/CP to make house call (may be refused) • Provide loading dose of Suboxone • Contact CHW at GMHC or WCMH • Arrange for / in the moment telehealth visit with MAT provider • Arrange for / in the moment telehealth visit with BHR • Schedule office visit ○ Arrange for transportation PRN • Follow up daily by MIH/CP • Provide care package from Public Health
	Suboxone not Indicated or refused • Refer to MIH/CP program • MIH/CP to make house call (may be refused) • Provide loading dose of Suboxone • Contact CHW at GMHC or WCMH • Arrange for / in the moment telehealth visit with MAT provider • Arrange for / in the moment telehealth visit with BHR • Schedule office visit ○ Arrange for transportation PRN • Follow up daily by MIH/CP • Provide care package from Public Health
	Public Health Entry to System (Someone goes to the PHD for help / and MIH gets referral)
	Public Health will call the MIH CP
	MIH CP to Public Health Department for discussion
	Suboxone Indicated • Provide loading dose of Suboxone • Contact CHW at GMHC or WCMH • Arrange for / in the moment telehealth visit with MAT provider • Arrange for / in the moment telehealth visit with BHR • Schedule office visit or telehealth ○ Arrange for transportation PRN • Follow up daily by MIH/CP • Provide care package from Public Health
	Suboxone not Indicated or refused • Contact CHW at GMHC or WCMH and offer services • Offer in the moment telehealth visit with MAT provider • Offer in the moment telehealth visit with BHR • Offer office visit ○ Arrange for transportation PRN • Offer follow up by MIH/CP • Provide care package from Public Health

SUD Prevention Network

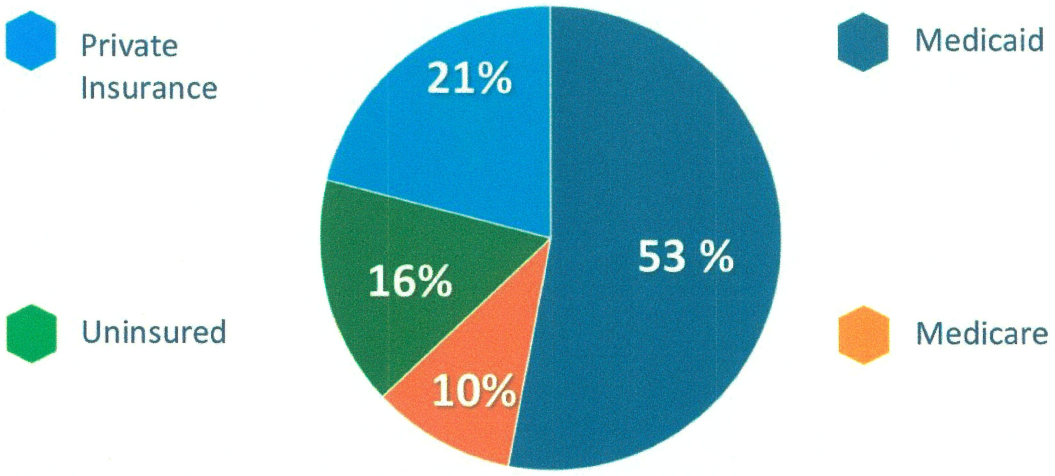
FY24: $2.6 Million
5 Health Centers

FY25: $5.6 million
8 Health Centers

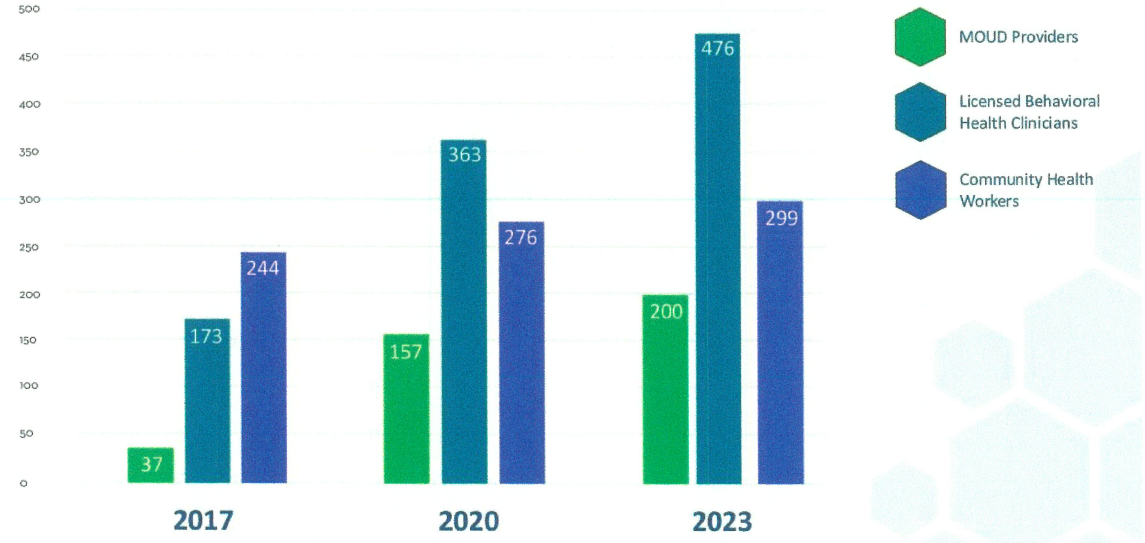
Why Treat SUD in an FQHC?

- SAMHSA: Supported and recommended
- Access
- Private, confidential
- Trusted provider
- Continuity of Care: Individuals with SUD often have co-occurring medical conditions
- CHWs assist with enabling services and Social Drivers of Health (SDOH)

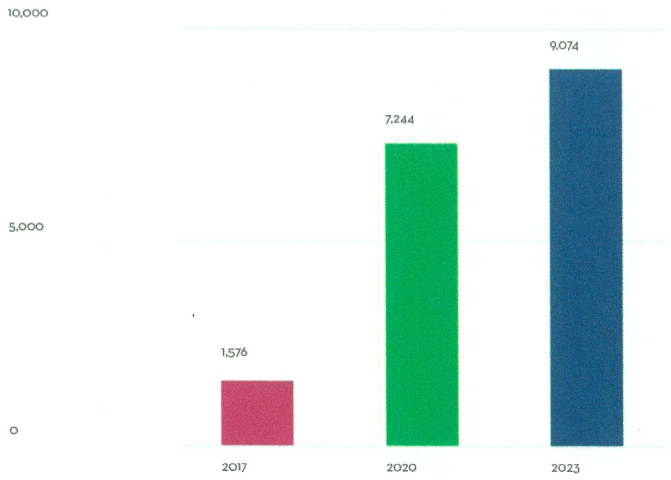
Who Are Missouri FQHC Patients?



Workforce

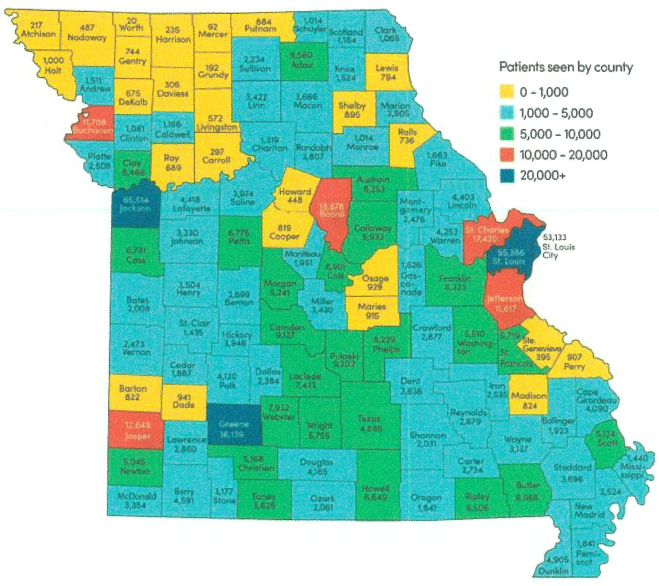


Total patients receiving MOUD



Medications for Opioid Use Disorder (MOUD)

Health Center Patients 2023



2017
565,768
Total
Patients

2020
578,287
Total
Patients

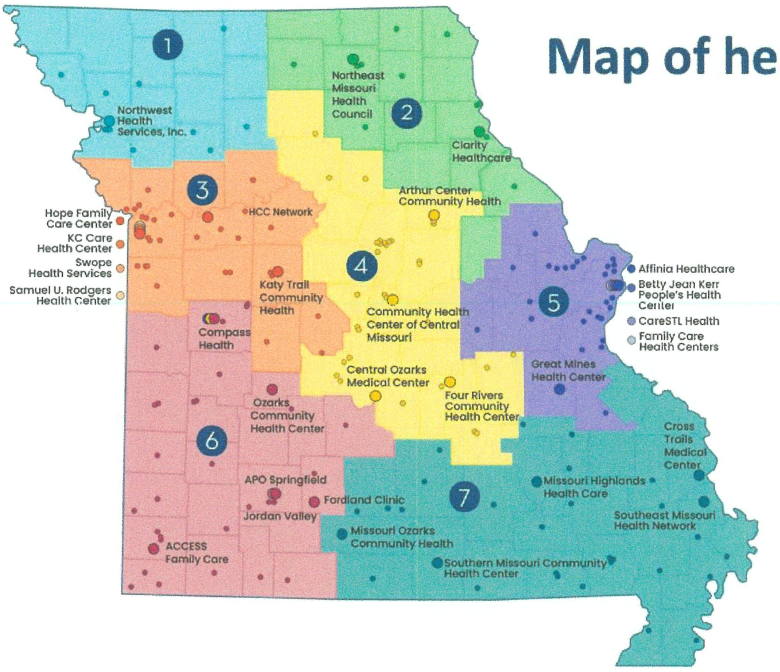
2023
644,754
Total
Patients

Missouri FQHCs

- FQHCs provide medical, dental, BH, SUD, pharmacy services on-site or by referral, and preventive services such as immunizations.
- Over half of Missouri FQHCs provide school-based services.

- 2023 by the numbers
  - 640,000 individuals,
  - over 2 Million patient visits
  - 200 clinic sites.
  - Almost 13,000 veterans were served

Map of health centers



Five essential elements of FQHCs

- Located in high-need areas.
- Provide comprehensive health and related services (especially "enabling services").
- Open to all people, regardless of ability to pay, with sliding scale fee charges based on income.
- Governed by community boards, to assure responsiveness to local needs.
- Follow performance and accountability requirements regarding their administrative, clinical, and financial operations.

www.nachc.org

Federally Qualified Health Centers (FQHC)

Federally funded nonprofit health centers or clinics that serve medically underserved areas and populations.

FQHCs provide primary care services regardless of ability to pay. Services are provided on a sliding scale fee based on ability to pay.

Missouri Primary Care Association (MPCA)

- Member organization for the Federally Qualified Health Centers (FQHC) in the state
- Helps FQHCs succeed by providing federal, state, local advocacy support
- Provides technical assistance and training around governance, clinical delivery, operations, HIT, and finance

MPCA
MISSOURI PRIMARY CARE ASSOCIATION

Opioid Use Disorder Treatment in FQHCs

Cindy McDannold, MA
Behavioral Health Program Manager
cmcdannold@mo-pca.org

It Takes All of Us

Appreciate the flexibility of this funding, allows each health center to meet the specific needs of their communities.

DRUG OVERDOSE MORTALITY RATES OVERALL, BY REGION

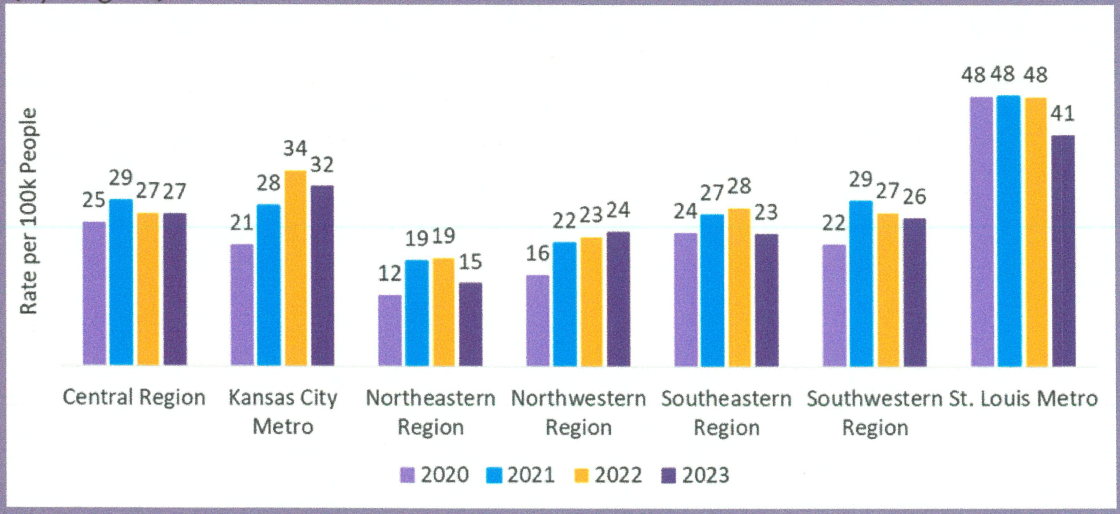
- The overall drug overdose mortality rates decreased for the Kansas City, Northeastern, Southeastern, Southwestern, and St. Louis Metro Regions in 2023 compared to 2022.
  - The Central Region remained the same in 2023.
  - The Northwestern Region increased in 2023.

- The St. Louis Metro continues to have the highest mortality rate across all regions.

Mortality rates provide an estimate of how often deaths occur in a population. This makes it easier to compare the outcomes of groups with different population sizes.

By Region

Missouri Drug Overdose **Mortality Rates** per 100k people, 2020-2023
(By Region)



Rates calculated using the DP05|ACS 5-Year Demographic and Housing Estimate Data Profiles (2020/2021/2022)

DRUG OVERDOSE MORTALITY RATES BY RACE/SEX

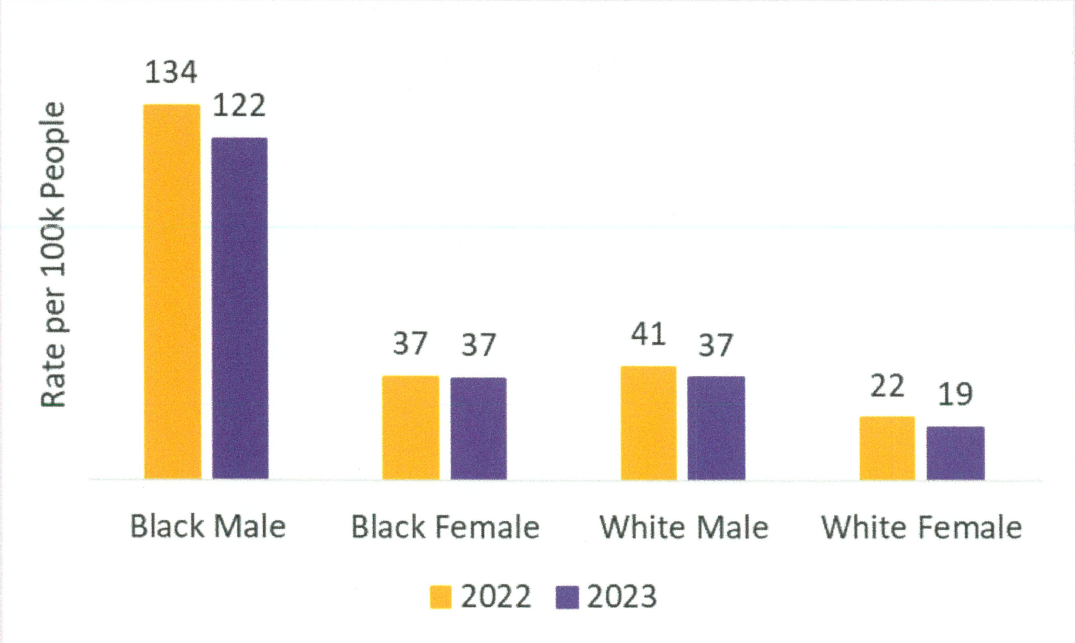
- Among Black and White males and females, all demographic groups experienced decreases in the mortality rate in 2023 compared to 2022, except for Black females whose mortality rate didn't change.

- Black males across Missouri continue to be disproportionally affected by overdose deaths, with a mortality rate over three times higher than that of White males and Black females, and over six times higher than White females.

Mortality rates provide an estimate of how often deaths occur in a population. This makes it easier to compare the outcomes of groups with different population sizes.

Statewide

Drug Overdose **Mortality Rates** by **Race/Sex** per 100k people, 2022-2023
(Missouri Statewide)



Rates calculated using the B01001A|ACS 5-Year Sex by Age Estimate Data Profiles (2021)

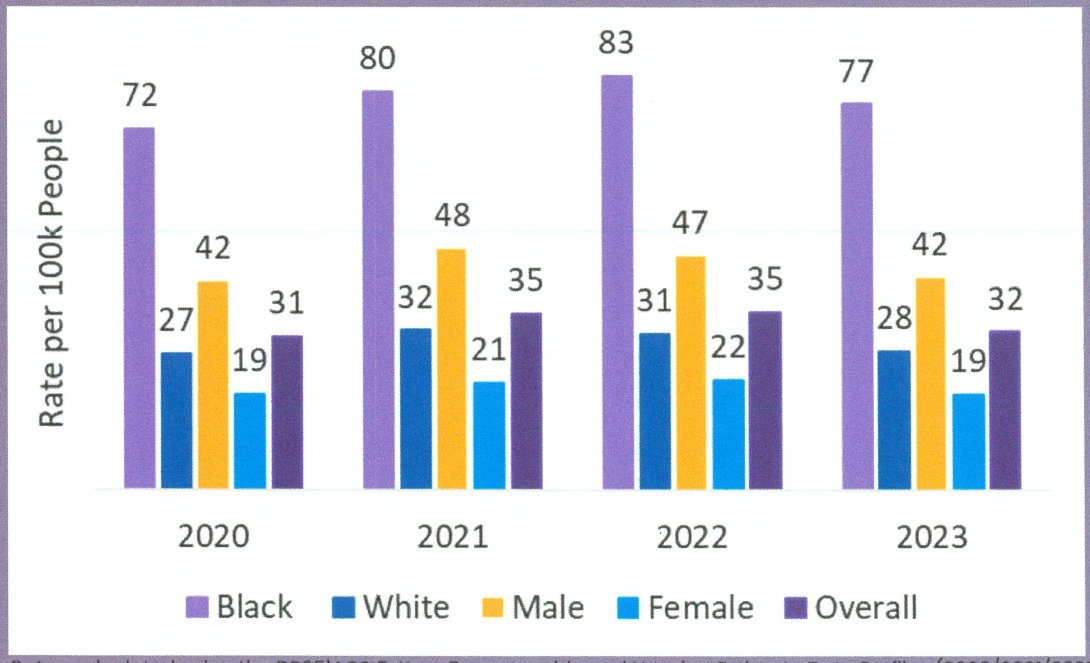
DRUG OVERDOSE MORTALITY RATES BY RACE AND SEX

- Among Black and White males and females, all demographic groups experienced mortality rate decreases in 2023 compared to 2022.
- Black individuals across Missouri continue to be disproportionally affected by overdose deaths, with a mortality rate 2.75 times higher than White individuals in 2023.
- Males continue to be more affected than females, with a mortality rate 2.2 times higher than females in 2023.

Mortality rates provide an estimate of how often deaths occur in a population. This makes it easier to compare the outcomes of groups with different population sizes.

Statewide

Drug Overdose **Mortality Rates** by **Race and Sex** per 100k people, 2020-2023
(Missouri Statewide)



Rates calculated using the DP05|ACS 5-Year Demographic and Housing Estimate Data Profiles (2020/2021/2022)

NUMBER OF DRUG OVERDOSE DEATHS BY RACE AND SEX

By Region

- The St. Louis Metro Region accounted for 69% of all drug overdose deaths for Black individuals in Missouri in 2023.

Number of Missouri Drug Overdose Deaths by **Race and Sex**, 2022 vs 2023
(By Region)

	Black			White			Male			Female		
	2022	2023	% Change	2022	2023	% Change	2022	2023	% Change	2022	2023	% Change
Central Region	21	33	+57%	171	157	-8%	129	129	0%	63	61	-3%
Kansas City Metro	114	96	-16%	297	287	-3%	287	263	-8%	124	120	-3%
Northeastern Region	7	6	-14%	40	28	-30%	28	28	0%	19	6	-68%
Northwestern Region	*supp	*supp	*supp	49	51	+4%	43	28	-35%	9	26	+189%
Southeastern Region	15	11	-27%	139	117	-16%	99	84	-15%	55	44	-20%
Southwestern Region	12	16	+33%	238	225	-5%	151	157	+4%	99	84	-15%
St. Louis Metro	402	371	-8%	595	485	-18%	685	600	-12%	312	256	-18%

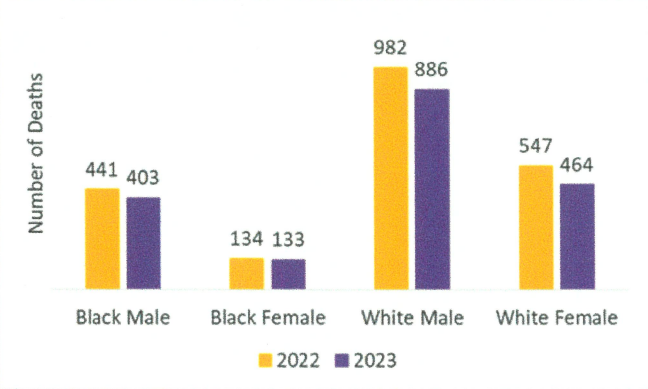
*Numbers less than five are suppressed (*supp)

NUMBER OF DRUG OVERDOSE DEATHS BY RACE AND SEX

Statewide

- Among Black and White males and females, all race/sex demographics experienced a decrease in the total number of drug overdose deaths in 2023 compared to 2022. White females (-15%) and White males (-10%) showed the largest decreases, followed by Black males (-9%) and Black females (-1%).

Number of Drug Overdose Deaths by **Race/Sex**
2022 vs 2023 *(Missouri Statewide)*



Number of Drug Overdose Deaths by **Race and Sex (separately)**,
2022 vs 2023 *(Missouri Statewide)*

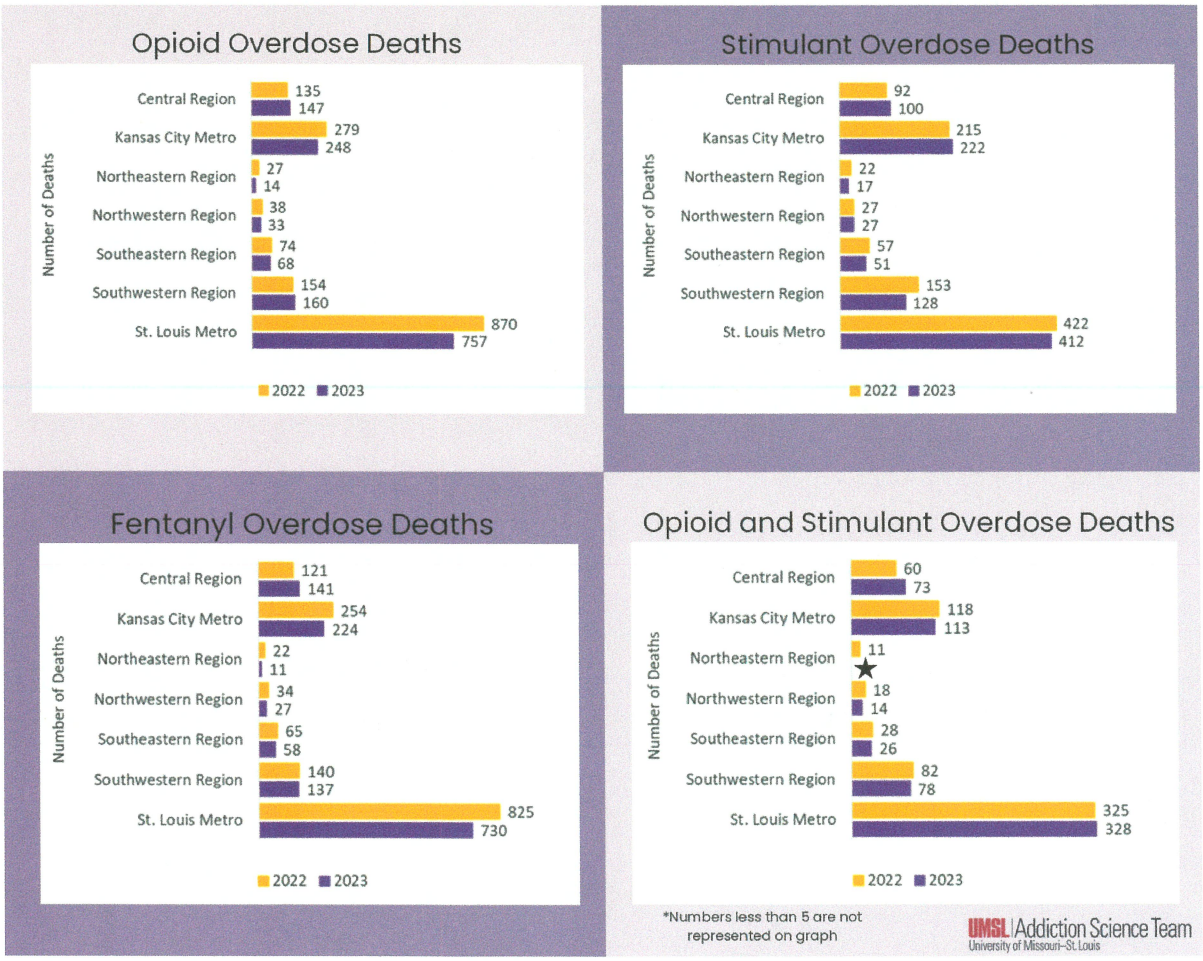
	Black	White	Male	Female
2022	575	1529	1423	681
2023	536	1350	1289	597
Percent Change	-7%	-12%	-9%	-12%

TYPES OF DRUGS INVOLVED IN OVERDOSE DEATHS

By Region

- The Central and Southwestern Regions were the only two regions to increase in the number of drug overdoses involving opioids in 2023 compared to 2022.
- Fentanyl continues to be present in the majority of all opioid overdose deaths across all regions.
- The Central and St. Louis Metro Regions were the only two regions to experience increases in combination opioid and stimulant overdose deaths in 2023.

Number of Overdose Deaths by **Drug Type**, 2022 vs 2023 *(by Region)*

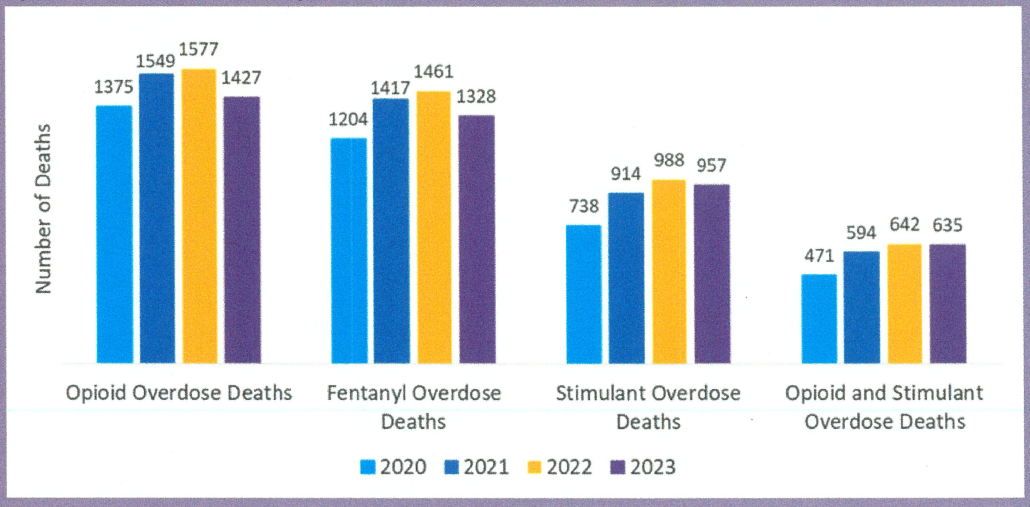


TYPES OF DRUGS INVOLVED IN OVERDOSE DEATHS

Statewide

- Overdose deaths across all drug types decreased in number in 2023 compared to 2022.
- The total number of overdose deaths involving stimulants decreased
  - In combination with opioids (-1%)
  - Stimulants without opioids (-3%)
- Similar to 2022, fentanyl continues to be present in 68% of all overdose deaths.

Number of Overdose Deaths by **Drug Type**, 2020-2023
(Missouri Statewide)



2023

73% of all deaths involved an **opioid**

Fentanyl was involved in **almost all (93%)** of these deaths

About half of all deaths involved a **stimulant** (like meth)

1 in 3 deaths involved **both opioids and stimulants**

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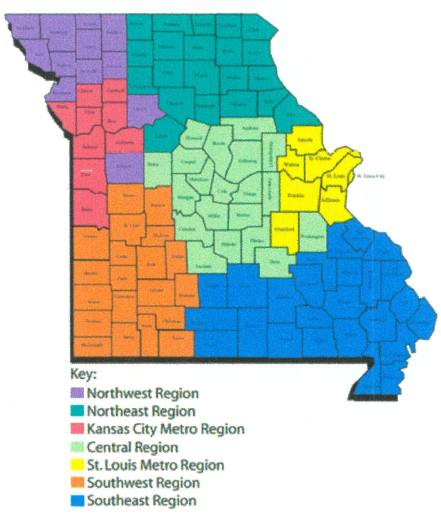
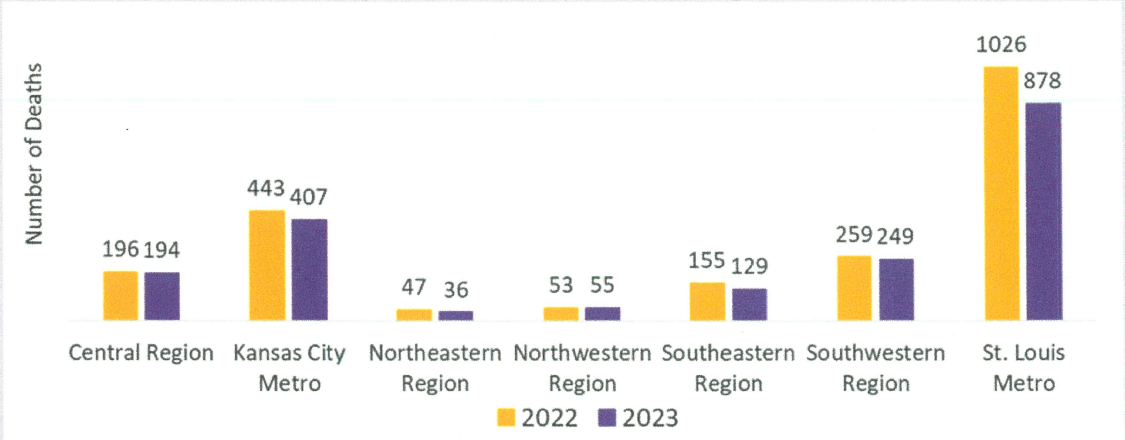
TOTAL NUMBER OF DRUG OVERDOSE DEATHS BY REGION



- Each region except for the Northwestern Region experienced decreases in the total number of overdose deaths in 2023 compared to 2022.
- The Northeastern Region showed the highest decrease (-23%) in overdose deaths in 2023, followed by the Southeastern Region (-17%).
- The St. Louis Metro Region continues to have the highest total number of overdose deaths within the state although it experienced a 14% decrease in deaths in 2023 compared to 2022.

Number of Missouri Drug Overdose Deaths **by Region,** 2022 vs 2023



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University of Missouri–St. Louis

TOTAL NUMBER OF DRUG OVERDOSE DEATHS STATEWIDE

- The state experienced its first **decrease** in the total number of drug overdose deaths since 2019.

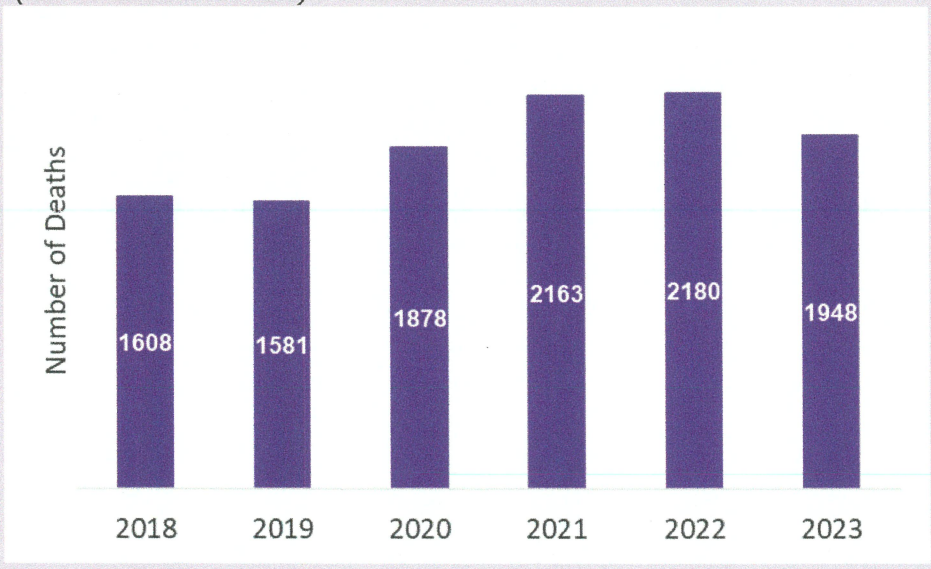
Missouri Statewide

1948

people lost their lives to a drug overdose in 2023.

This is an **11% decrease** compared to 2022.

Number of Drug Overdose Deaths **Over Time**
(Missouri Statewide)



2023 DRUG OVERDOSE DEATH REPORT

January-December

MISSOURI STATEWIDE

This data comes from the Missouri Department of Health and Senior Services (DHSS) and includes overdose deaths based on the location **where the individual lived.**

For more information on what data is included and how drug overdose deaths are defined, please visit the Data FAQ Sheet on our website:
https://www.mimhaddisci.org/missouri-overdose-data-2

UMSL | Addiction Science Team
University of Missouri–St. Louis

KEY TAKEAWAYS

- The total number of drug overdose deaths statewide **decreased by 11%** in 2023 compared to 2022. This is the first decrease since 2019.
  - The Northwestern Region was the only region to *not* experience a decrease in the number of deaths.

- The St. Louis Metro Region continues to have the highest total number and the highest mortality rate of overdose deaths within the state, **although it experienced a 14% decrease** in the number of deaths in 2023 compared to 2022.

- The total number of deaths in 2023 decreased across all drug types.
  - **Fentanyl continues to saturate the opioid drug supply** and was present in almost all (93%) of the opioid overdose deaths.

- The total number of overdose deaths for **Black males decreased by 9%** in 2023 statewide. However, **Black males continue to be disproportionally affected** by overdose deaths, with a mortality rate over three times higher than that of White males and Black females, and over six times higher than White females.

- For information on how to get naloxone visit: getmissourinaloxone.com
- To find linkage to SUD treatment visit: https://www.nomodeaths.org/get-treatment
- To see previous reports visit: https://www.mimhaddisci.org/missouri-overdose-data-2

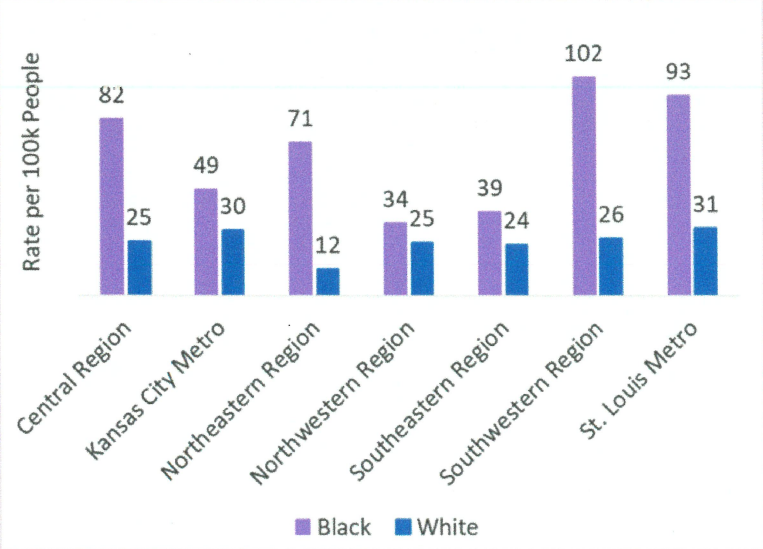
OVERDOSE MORTALITY RATES BY RACE AND SEX

- The overall drug overdose mortality rate for Black individuals was higher than White individuals in every region of Missouri.
- In the Southwestern Region, deaths among Black individuals increased from 12 in 2022 to 16 in 2023, which increased the mortality rate to 102 per 100k people- the highest across all regions in 2023.
  - The St. Louis Metro had the next highest mortality rate for Black individuals at 93 per 100k people with 371 drug overdose deaths.
- The St. Louis Metro Region had the highest mortality rate among White individuals in 2023 of all Missouri's regions, slightly higher than the rate in the Kansas City Metro Region.

Mortality rates provide an estimate of how often deaths occur in a population. This makes it easier to compare the outcomes of groups with different population sizes.

By Region

Drug Overdose **Mortality Rates** by **Race** per 100k people 2023 *(By Region)*



Rates calculated using the DP05|ACS 5-Year Demographic and Housing Estimate Data Profiles (2022)

MIMH FIRST RESPONDER TEAM

Our projects provide training, equipment, and technical assistance to First Responder agencies across Missouri to increase their confidence and effectiveness in the fentanyl era.

THREE MAIN LINES OF EFFORT:

Enable life-saving efforts

- Provide naloxone (Narcan), leave-behind kits, and overdose training to first responder agencies
- Instill confidence that naloxone is safe, both medically and legally

Lower the workload on First Responders

- Lower overdose call volume through on-scene referrals to addiction treatment, paramedic-initiated MOUD, and naloxone distribution
- Lower crime and joblessness rates through access to critical resources

Reduce First Responder stress

- Bust myths and provide accurate information on fentanyl's threat level to first responders
- Instruct on verbal de-escalation and appropriate dosing, reducing risk of combativeness

"It's not nearly as bad as it was. I've seen a huge reduction in our narcotic overdoses because of these leave-behind Narcan kits."
- MO Police Officer

"It feels great to actually be able to save lives in the long-term, not just the short-term. Really gives meaning when it used to just be Groundhog Day."
-MO Firefighter

"I was skeptical at first about this new training, but I tried the de-escalation techniques out, and it was the smoothest overdose call of my career."
- MO Paramedic

UMSL | Addiction Science Team

Missouri Treatment Court Programs Contact List

Circuit	Programs	Administrator/Coordinator/Contact	Office Phone Number
1st Circuit (Clark, Scotland and Schuyler Counties)	ADC/DWI	Matthew Holt	660-727-8336
2nd Circuit (Adair, Knox and Lewis Counties)	ADC/DWI	Jane Moore	660-665-3275
3rd Circuit (Grundy, Harrison, Mercer and Putnam Counties)	ADC	Penny Hines	816-401-4403
4th Circuit (Atchison, Gentry, Holt, Nodaway and Holt Counties)	ADC/DWI	Brenda Emery	660-582-4231
5th Circuit (Andrew and Buchanan Counties)	ADC/DWI	Cassy Thornton	816-271-1453
6th Circuit (Platte County)	ADC/DWI/VET	Cara Davis	816-858-3487
7th Circuit (Clay County	ADC/DWI/MH/VTC	Regina Funk	816-407-3969
8th Circuit (Carroll and Ray Counties)	ADC	Michelle Woods	816-776-3377
9th Circuit (Chariton, Linn and Sullivan Counties)	ADC/JUV	Kerstin Wilson	660-734-4610
10th Circuit (Marion, Monroe and Ralls Counties)	Unknown*	Honorable John Jackson	573-221-0288
11th Circuit (St. Charles County)	ADC/DWI/MH/VTC/FAM	Gina Colaneri	636-949-7458
12th Circuit (Audrain, Montgomery and Warren Counties)	ADC/DWI/FAM	Bella Curtis	636-456-7136
13th Circuit (Boone and Callaway Counties)	ADC/CO/DWI/VTC/FAM	Michael Princivalli	573-886-4181
14th Circuit (Howard and Randolph Counties)	ADC	Michelle Chapman	844-277-6555 ext. 400
15th Circuit (Lafayette and Saline Counties)	ADC	Pat McGinnis	660-259-6101
16th Circuit (Jackson County)	ADC/VTC/FAM	Elizabeth Huett	816-881-3736
17th Circuit (Cass and Johnson Counties)	ADC/DWI	Kendra Bennett	816-380-8218
18th Circuit (Cooper and Pettis Counties)	ADC	David White	660-882-7696
19th Circuit (Cole County)	ADC/CO/DWI/VTC	Katie Doman	573-761-4310
20th Circuit (Franklin, Gasconade and Osage Counties)	ADC/CO/DWI/FAM	Sherry Huxol	636-583-1550
21st Circuit (St. Louis County)	ADC/CO/DWI/VTC/FAM	John Buck	314-615-2677
22nd Circuit (St. Louis City)	ADC/VTC	Angela Richmond	314-589-6702
23rd Circuit (Jefferson County)	ADC/DWI/VTC/FAM	Trish Hutson	636-797-6332
24th Circuit (Madison, St.Francois, Ste.Gnevieve and Washington Counties)	ADC/DWI/FAM	Laurie Wood	573-454-2994
25th Circuit (Maries, Phelps, Pulaski and Texas Counties	ADC	Rhonda Ledbetter	417-967-1030
26th Circuit (Camden, Laclede, Miller, Moniteau and Morgan Counties)	ADC/DWI/VTC	Rebecca Cummins	573-346-4440 Ext. 3212
27th Circuit (Bates, Benton, Henry and St. Clair Counties)	ADC/FAM	Pat Nilson	660-885-7242
28th Circuit (Barton, Cedar, Dade and Vernon Counties)	ADC/DWI	Jeremy Ruddick	417-667-5016
29th Circuit (Jasper County	ADC/CO/DWI/VTC/FAM	Jared Prater	417-625-4762
30th Circuit (Dallas, Hickory, Polk and Webster Counties)	ADC	Lori Letterman	417-859-2041
31st Circuit (Greene County)	ADC/CO/DWI/VTC/FAM	Ashley Davis	417-829-6159
32nd Circuit (Bollinger, Cape Girardeau and Perry Counties)	ADC/DWI/MH	Taylor Wichert	573-204-2961
33rd Circuit (Mississippi and Scott Counties)	ADC/DWI	Stephanie Lemmons	573-683-2146 Ext. 253
34th Circuit (New Madrid County)	ADC	Stephanie Lemmons	573-683-2146 Ext. 254
34th Circuit (Pemiscot County (and partial New Madrid County))	ADC	Michelle Taylor	573-333-4156
35th Circuit (Dunklin and Stoddard Counties)	ADC/DWI/FAM	Julie Spielman	573-888-6882 Ext. 123
36th Circuit (Butler, Carter and Ripley Counties)	ADC/DWI/VTC/FAM	Lois Price	417-256-2432
37th Circuit (Howell, Oregon and Shannon Counties)	ADC	Lois Price	417-256-2432
38th Circuit (Christian County)	ADC/CO/DWI/VTC	Brian Teems	417-684-7314
39th Circuit (Barry, Lawrence and Stone Counties)	ADC/DWI/VTC	Alissa Hendricks	417-440-8610
40th Circuit (McDonald and Newton Counties)	ADC/DWI/VTC/FAM/JUV	Tina Rose	417-451-8286
41st Circuit (Macon and Shelby Counties)	ADC	Denice Ziebarth	660-395-9049
42nd Circuit (Crawford, Dent, Iron, Reynolds and Wayne Counties)	ADC/DWI	Kelly Smith	573-224-5600 Ext. 311
43rd Circuit (Caldwell, Clinton, Daviess, Dekalb and Livingston Counties)	Unknown*	Honorable Ryan Horsman	660-646-8000
44th Circuit (Douglas, Ozark and Wright Counties)	ADC/DWI	Jennifer Horn	417-683-6836
45th Circuit (Lincoln and Pike Counties)	ADC/CO/DWI/FAM	Heather Graham-Thompson	636-528-0326 Ext 4267
46th Circuit (Taney County)	ADC/DWI	Brian Teems	417-684-7314

*Circuit does not utilize Treatment Court Resources Fund or participate in activities administered by the Treatment Courts Coordinating Commission.

Rev. 8/28/2024

Missouri's Medication First Approach

1) People with OUD **receive medical treatment as quickly as possible**, prior to lengthy assessments or treatment planning sessions;

2) Maintenance pharmacotherapy is delivered **without arbitrary tapering or time limits**;

3) Individualized psychosocial services are **offered but not required** as a condition of pharmacotherapy;

4) **Do not discontinue medical treatment** unless it is clearly worsening the patient's condition.

Winograd et al., 2019, AJDAA

1

The take-aways

Individuals enrolled in MedFirst were more likely to...

1. receive medication
2. get medication sooner
3. receive fewer psychosocial services
4. be engaged in treatment at 1, 3, 6, & 9 months
5. Cost the State 21% less per month, on average

Winograd et al., 2019, JSAT

2

Myths & Facts

ABOUT NALOXONE (NARCAN®)

MYTH

Having naloxone available encourages people to take more drugs.

FACT

When someone has access to naloxone, their level of drug use does not change. Being revived with naloxone is not fun. It can cause painful and severe physical and emotional symptoms. For this reason, people only use naloxone in life-threatening situations.

MYTH

People won't seek treatment if they have their own naloxone.

FACT

There is no evidence to support this statement. Naloxone increases the chance of someone seeking treatment by keeping people alive.

MYTH

Naloxone is not effective for treating fentanyl overdoses.

FACT

Naloxone is both safe and effective for reversing fentanyl overdoses, though it may take more than one dose and a quicker response.

MYTH

Naloxone is unnecessary. Overdoses can be reversed by putting ice in the person's pants or injecting them with salt water or milk.

FACT

Naloxone and rescue breathing are the only safe and effective methods of reversing an opioid overdose.

MYTH

I can only get naloxone if I have a prescription from a doctor.

FACT

Any person who asks a pharmacist for naloxone for themselves or someone else can purchase naloxone, with or without a prescription. However, this does not necessarily mean that every pharmacy will always stock naloxone, so we suggest calling ahead to make sure they have it on the shelf.

FOR MORE INFORMATION, VISIT MISSOURIOPIOIDSTR.ORG
AND FOLLOW @NOMODEATHS ON TWITTER

Myths & Facts

ABOUT METHADONE AND BUPRENORPHINE (SUBOXONE®)

MYTH

Taking methadone or buprenorphine is replacing one addiction with another.

FACT

There is a difference between addiction and physical dependence. Medications like methadone and buprenorphine help stabilize people who are addicted to opioids, which improves their ability to maintain jobs and relationships.

MYTH

Taking methadone or buprenorphine isn't real recovery.

FACT

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as "A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential." Medications like methadone and buprenorphine help people discover the recovery that best fits their lives.

MYTH

People use methadone and buprenorphine because it makes them high.

FACT

At the right dose, methadone and buprenorphine do not make people with opioid addiction high. They help people feel stable and reduce their cravings to use. People who buy it off the streets typically do so to try to treat themselves when they cannot access treatment.

MYTH

Buprenorphine and methadone are short-term solutions, and people should stop taking them as soon as possible.

FACT

There is no set amount of time that people should take buprenorphine or methadone. Because addiction is a long-term condition, treatment can last for years and should be continued for as long as people and their medical providers decide is necessary.

FOR MORE INFORMATION, VISIT MISSOURIOPIOIDSTR.ORG
AND FOLLOW @NOMODEATHS ON TWITTER

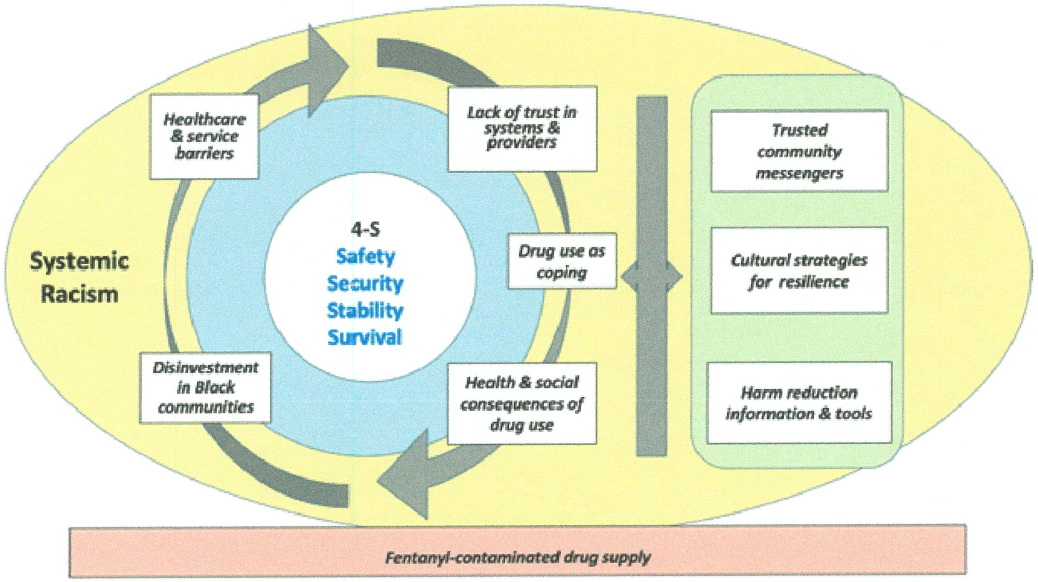
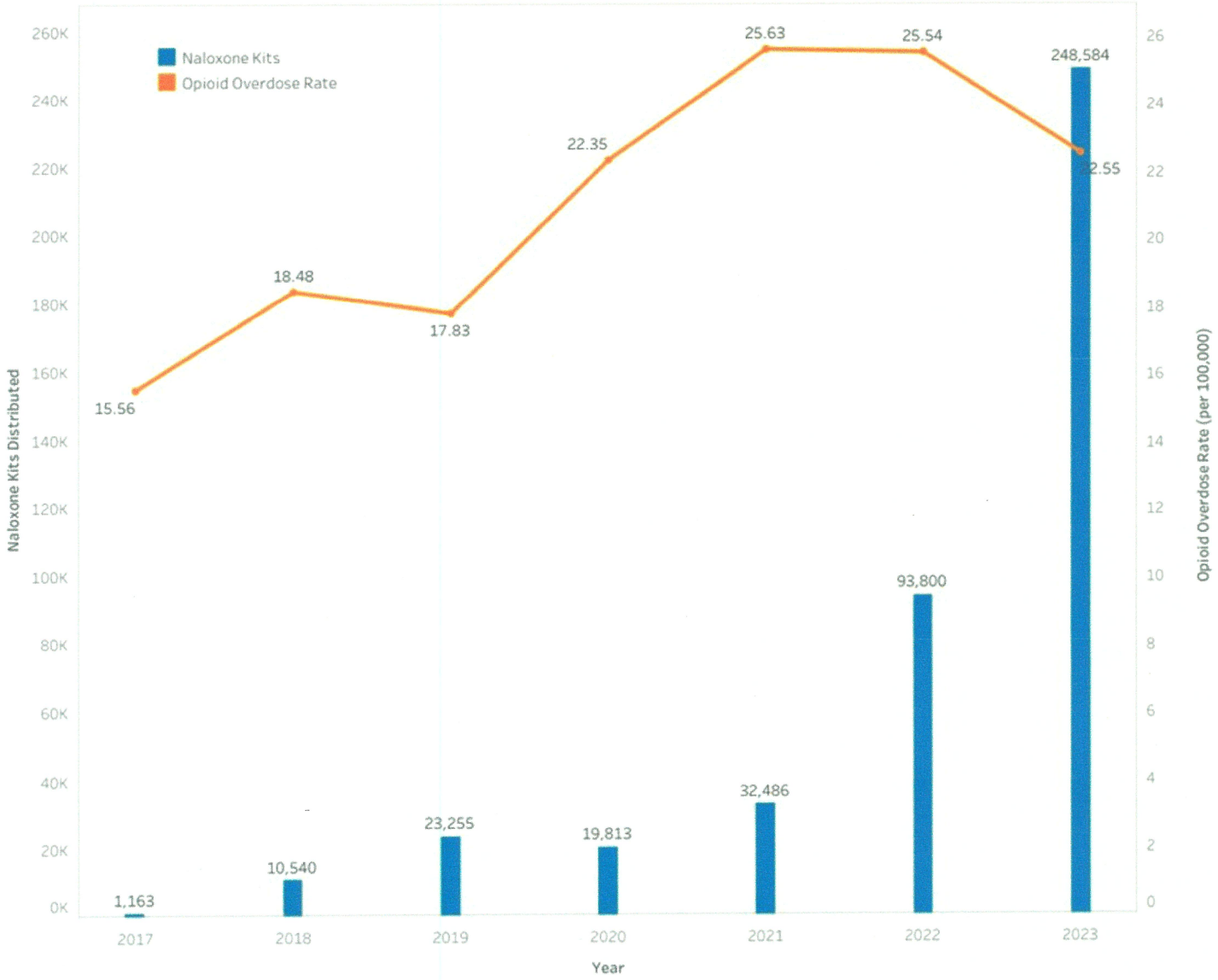


Fig. 1 A grounded theory explaining drivers of opioid overdose among Black St. Louisans. *Note* arrows are meant to represent the interrelatedness of concepts rather than directionality

Background: Black individuals in the USA face disproportionate increases in rates of fatal opioid overdose despite federal efforts to mitigate the opioid crisis. The aim of this study was to examine what drives increases in opioid overdose death among Black Americans based on the experience of key stakeholders. **Methods:** Focus groups were conducted with stakeholders providing substance use prevention services in Black communities in St. Louis, MO (n = 14). One focus group included peer advocates and volunteers conducting outreach-based services and one included active community health workers. Focus groups were held at community partner organizations familiar to participants. Data collection was facilitated by an interview guide with open-ended prompts. Focus groups were audio recorded and professionally transcribed. Transcripts were analyzed using grounded theory to abstract line-by-line codes into higher order themes and interpret their associations. **Results:** A core theme was identified from participants' narratives suggesting that opioid overdose death among Black individuals is driven by unmet needs for safety, security, stability, and survival (The 4Ss). A lack of The 4Ss was reflective of structural disinvestment and healthcare and social service barriers perpetuated by systemic racism. Participants unmet 4S needs are associated with health and social consequences that perpetuate overdose and detrimentally impact recovery efforts. Participants identified cultural and relationship-based strategies that may address The 4Ss and mitigate overdose in Black communities. **Conclusions:** Key stakeholders working in local communities to address racial inequities in opioid overdose highlighted the importance of upstream interventions that promote basic socioeconomic needs. Local outreach efforts utilizing peer services can provide culturally congruent interventions and promote harm reduction in Black communities traditionally underserved by US health and social systems.
Keywords Black Americans, Racial disparities, Opioids, Overdose, Racism, Substance use treatment, Community based participatory research.

Banks, D.E., Duello, A., Paschke, M., Grigsby, S., & Winograd, R.P. (2023). (UMSL) Identifying drivers of increasing opioid overdose deaths among Black individuals: A qualitative model drawing on experience of peers and community health workers. *Harm Reduction Journal.* https://doi.org/10.1186/s12954-023-00734-9


Naloxone Kits
Opioid Overdose Rate
Naloxone Kits Distributed
Opioid Overdose Rate (per 100,000)
Year
260K
240K
220K
200K
180K
160K
140K
120K
100K
80K
60K
40K
20K
0K
26
24
22
20
18
16
14
12
10
8
6
4
2
0
1,163
10,540
23,255
19,813
32,486
93,800
248,584
15.56
18.48
17.83
22.35
25.63
25.54
22.55
2017
2018
2019
2020
2021
2022
2023

SFD CONTINUES FIGHT AGAINST OPIOID OVERDOSE

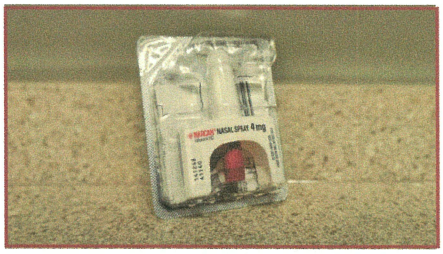
EMERGENCY MEDICAL SERVICES

EMS continues to represent our highest demand for service, and SFD members answered that call thousands of times in 2023.

For calls requiring CPR, our "return of spontaneous circulation" (ROSC) and "neuro-intact survival" (NIS) data both measured above the national average, with numerous medical life save commendations awarded.

As we work to identify and address risk in our community, we must acknowledge and respond to the growing impact of the opioid overdose epidemic.

SFD has partnered with the Addiction Science Team at University of Missouri-St. Louis for both training and supply of nasal naloxone and leave-behind materials, resulting in the implementation of two important initiatives:



1. Naloxone for direct administration to patients exhibiting symptoms of opiold overdose.

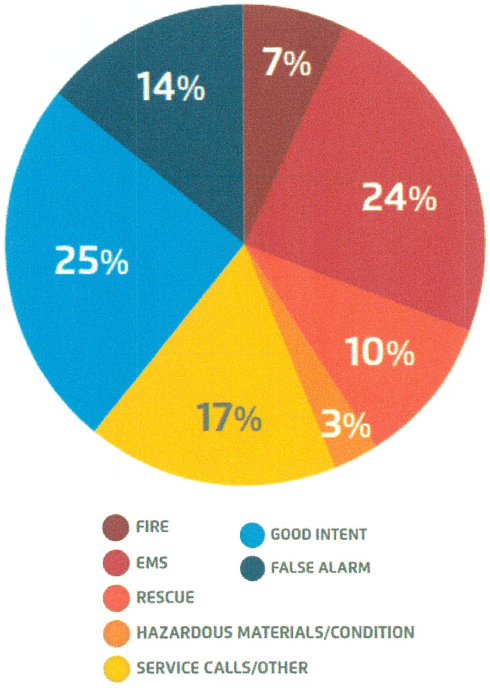
2. Leave-Behind Kits (LBKs) containing two additional doses of Naloxone, along with a pocket mask and referral/treatment literature from local and regional partners, developed in coordination with our Community Risk Reduction Division.

SFD Calls for Opioid Overdose Down by

30%

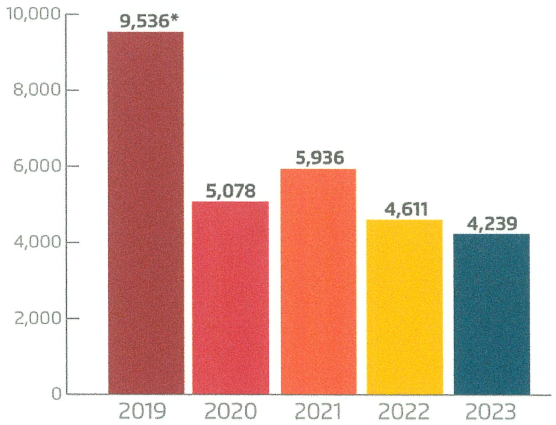
As naloxone has become more widely available in the community, including through SFD's targeted distribution of Leave-Behind Kits, the community, bystander administrations have increased. At the same time, community education on first aid and appropriately responding to overdose has led to fewer calls for service. In total, annual calls for related to opioid overdose have declined year-over-year from 404 to 281.

2023 CALLS FOR SERVICE



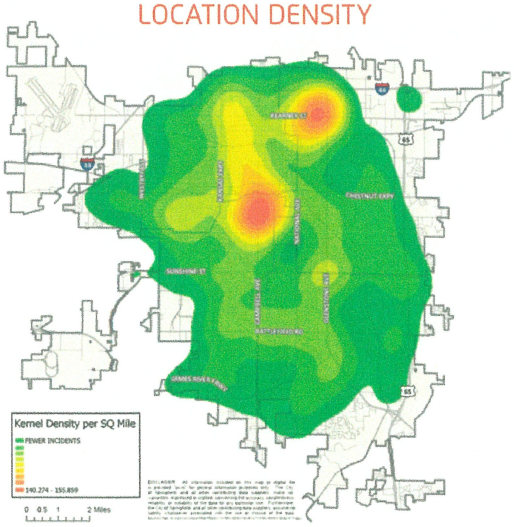
EMERGENCY MEDICAL SERVICES AND OPIOID INCIDENTS

YEARLY EMS CALLS FOR SERVICE COMPARISON

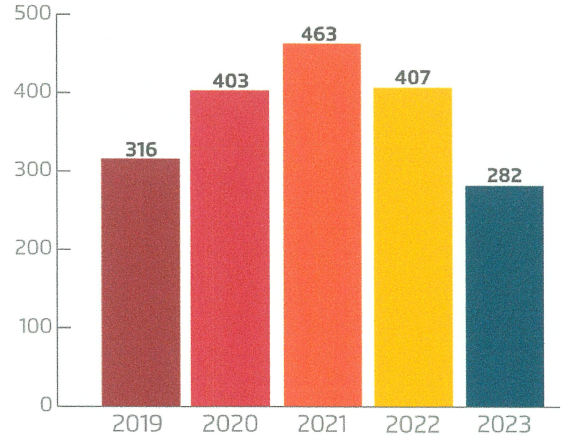


* Following an assessment of incident types in early 2019, a public service incident call type was recategorized to fall under the EMS incident type. The result is a significant increase in overall EMS calls in 2019, though it did not impact the total number of emergency events.

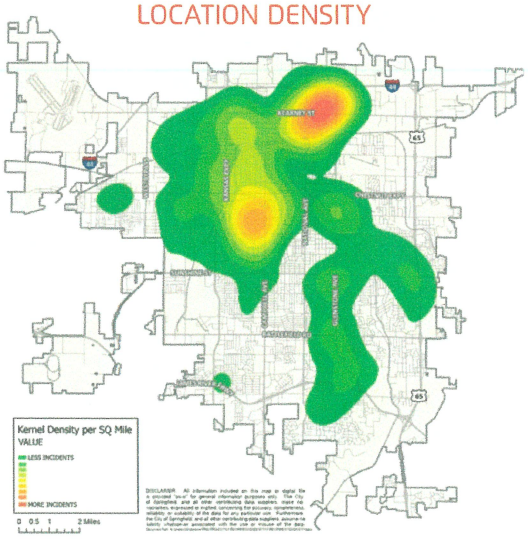
2023 TOTAL EMS INCIDENTS LOCATION DENSITY



YEARLY OPIOID INCIDENTS COMPARISON



2023 TOTAL OPIOID INCIDENTS LOCATION DENSITY



EVIDENCE FOR SYRINGE ACCESS PROGRAMS

Numerous leading health organizations (e.g., World Health Organization, the American Society of Addiction Medicine, the Center for Disease Control and Prevention, and the Office of National Drug Control Policy) support the implementation and funding of SAPs as part of a comprehensive approach to the overdose crisis.

For example, in 2015, Indiana passed a law to allow the temporary use of SAPs. In the first 5 months of the program, the proportion of SAP clients who reported sharing injection equipment dropped from 74% to 22%. HIV infections began to drop, and by 2018, Scott County saw a 96% reduction in new HIV infections and a 76% reduction in new HCV infections. **Syringe access programs will not eliminate opioid addiction but they are a harm reduction approach that research has shown to minimize risks, increase positive health outcomes, and save money.**

SYRINGE ACCESS PROGRAMS **REDUCE NEW HIV AND VIRAL HEPATITIS INFECTIONS,** AND **REDUCE OVERDOSE DEATHS**

- SAPs have the highest impact in HIV prevention when combined with access to medications for substance use disorder and antiretroviral therapy
- Participants of SAPs decrease their chance of becoming infected with hepatitis B and C by more than 60% and their chance of getting HIV by 33%
- Those engage in SAPs are more likely to receive naloxone which decreases overdose death by 95%

THOSE WHO USE SYRINGE ACCESS PROGRAMS (SAPS) ARE **5X MORE LIKELY TO ENTER TREATMENT** AND ARE **MORE LIKELY TO REDUCE DRUG USE**

- SAPs fill gaps in care and build connections with individuals while they are actively injecting drugs that increases their likelihood of entering treatment .
- Individuals who use SAPs are nearly three times as likely to report decreasing or stopping their injection drug use compared to those who have never used an SAP .

SYRINGE ACCESS PROGRAMS **REDUCE NEEDLE-STICK INJURIES** AND **DO NOT INCREASE CRIMINAL ACTIVITY**

- Needle-stick injuries are one of the most concerning event for law enforcement and SAPs decrease the likelihood of of needle-stick injuries and increase public safety .
- No difference in crime was found in cities with SAPs compared to those without SAPs
- One study found an 8X increase in improperly disposed needles in cities without SAPs compared to cities with SAPs.

SYRINGE ACCESS PROGRAMS ARE **COST-EFFECTIVE WHEN COMPARED TO COSTS OF PUBLICLY FUNDED HIV OR HCV CARE**

- Every $1 invested in SAPs saves between $3.50 to $7 in HIV treatment costs
- The cost of treating one person with HIV is nearly $400,000 and the cost of treating one individual with HCV can range from $26,400 to $300,000 making SAPs that prevent new cases of these diseases extremely cost-effective .

A PUBLIC HEALTH APPROACH TO THE OVERDOSE CRISIS THAT IS COST-EFFECTIVE & LIFE-SAVING

Injection drug use is associated with many negative health outcomes including an increased risk of contracting HIV, infections such as hepatitis C virus (HCV), and other skin and soft tissue infections. In 2021, the Center for Disease Control and Prevention (CDC) estimated that approximately 8% of new instances of HIV infection (2,500 of 32,100) were attributable to injection drug use. From 2010 to 2021, the number of estimated annual acute HCV infections has steadily increased, with an overall increase of 492%. This increase is primarily attributed to the overdose crisis and associated injection drug use. **Still, there is a dire lack of programming to address the needs of those engaging in injection drug use.**

The Overdose Crisis in Missouri

Number of Counties at Risk of HIV Outbreak

13 Counties

Determined by CDC to be experiencing or at risk of an HIV outbreak or significant increase in hepatitis infections due to injection drug use

Number Opioid Overdose Deaths in 2023

Number Opioid-Related Hospitalizations in 2023

7,359

Due to non-fatal overdoses and health conditions caused by opioid use such as infectious disease and endocarditis

WHAT ARE SYRINGE ACCESS PROGRAMS?

Syringe Access Programs (SAPs) are public health programs nested within the community that are legally allowed to distribute sterile needles and provide access to harm reduction services. While there are SAPs operating nationally, there are many legal barriers to implementing these programs in Missouri. Missouri does not allow the sale, distribution or possession of drug paraphernalia, which includes syringes. **The legislation proposed in Missouri would exempt health care entities registered with the Department of Health and Senior Services that distribute hypodermic needles or syringes from the crime of unlawful delivery of drug paraphernalia.**

HARM REDUCTION SERVICES AVAILABLE AT SYRINGE SERVICES PROGRAMS

- Access to sterile needles, syringes, & other injection equipment
- Safe disposal containers for needles and syringes
- HIV and hepatitis testing and referral to treatment
- Overdose education and naloxone to encourage safer using practices and prevent overdose
- Linkage to treatment, recovery, healthcare, & social service providers
- Tools to reduce the risk of disease transmission including counseling, condoms, & vaccinations
- A trusted community connection

SUPPORT SYRINGE ACCESS PROGRAMS IN MISSOURI

SUPPORT SYRINGE ACCESS PROGRAMS IN MISSOURI

SUMMARY:

- The opioid crisis continues to plague Missouri and it is time to take action to protect those with opioid addiction engaging in injection drug use by eliminating legal barriers to the implementation of SAPs
- SAPs are a cost-effective public health intervention that reduces overdose deaths, hospitalization, and decreases new cases of blood-borne diseases (HIV and Hep C) while not increasing crime and increasing likelihood for individuals to enter treatment.
- SAPs serve as a place for individuals to make trusted connections and bridge the gap to care.

"Above all, we can never forget that the faces of substance use disorders are real people. They are a beloved family member, a friend, a colleague, and ourselves."
- United States Surgeon General

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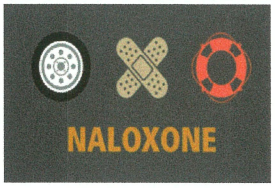
UMSL-MIMH Addiction Science Team
October 2024

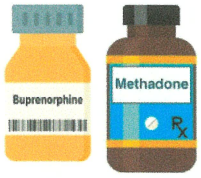
What tangible tools and strategies do we have to save and improve the lives of people who use drugs and all those impacted by addiction?

To save lives and reduce physical harms



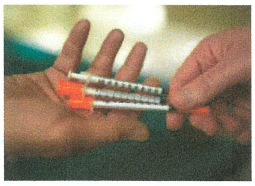
Community-based naloxone distribution

- Aiming for "naloxone saturation"
- Prioritizing distribution to people who use drugs and are most likely to be present at the scene of an overdose
- Diversifying access options (drop in, mail-based, prescribed, etc.)
- Teaching 'compassionate overdose response' (rescue breathing, lowest dose necessary, non-judgmental)



Opioid Agonist Medications for Opioid Use Disorder

- Increasing availability of methadone and buprenorphine to reduce overdose risk
- Prioritizing rapid and sustained access without hurdles (e.g., counseling requirements)
- Diversifying access options (substance use treatment, primary care, hospitals, mobile units, telemedicine, etc.)



Syringe Access Programs

- Providing physical space and interpersonal support needed for engagement in care
- Reducing HepC and HIV transmission with sterile needles and other supplies
- Increasing likelihood of people entering substance use treatment

To improve lives and well-being

Housing, transportation, and other basic necessities

- Increasing available of secure housing to enhance stability and ability to focus on other priorities (treatment, recovery, employment, etc.)
- Increasing access to transportation as a necessity to engage in treatment and employment
- Providing reliable access to other life necessities – nutritious food, childcare, medical care – is associated with improved long-term substance use outcomes

Peer support and community connection

- Offering peer and community recovery support services help prevent return to drug use
- Increasing the percentage of people who are in sustained and stable remission, reducing the number of people at risk of overdose
- Providing peer-to-peer role modeling and hope to sustain positive changes

UMSL-MIMH Addiction Science Team
October 2024

What should we be doing in Missouri to further mitigate the overdose crisis?

- **Reach (and maintain) true naloxone saturation**
  - Ensure naloxone funding stays level or increases through federal grants, opioid settlement dollars, and other sources if needed
  - Encourage agencies and organizations to build naloxone into their budgets long-term
  - Prioritize naloxone distribution to settings and programs most likely to interact with people actively using drugs

- **Allow syringe access programs to operate legally across the state**
  - Syringe access programs can be access "hubs" for several medical and behavioral health resources (naloxone, treatment referrals, social services)

- **Make buprenorphine and methadone easier to get than fentanyl**
  - Support any and all efforts to increase provision of these treatment medications across settings – including reducing barriers to get on them quickly and stay on them long-term
  - Promote medical treatment for opioid use disorder both within and outside of traditional substance use treatment facilities, including primary care, hospitals, emergency medical services, and carceral settings

- **Ensure people have their basic needs met – particularly housing and transportation**
  - Focus on the 4S's: Safety, Security, Stability, Survival for all Missourians
  - Increase availability and access to housing across the spectrum (peer-run crisis stabilization, recovery housing, transitional housing, low-income housing, etc.)
  - Fund and otherwise support transportation access (public transportation, vehicles for organizations, vouchers, etc.)

- **Invest in peer and community-based support to promote sustained remission and positive social networks**
  - Remove any and all barriers to service delivery and coaching support from Peer Support Specialists and Community Health Workers across care settings
  - Ensure people in these roles are employed – and paid equitably – across care settings, with opportunities for career growth and advancement